

CYM COMMUTER & RESIDENT CAMPERS
Health Service Information

Return form by May 28

Camper Name _____

The following Health Service guidelines are in place to protect the health of individual campers and the entire camp community:

1. Students who are ill will not be allowed to stay in their rooms. They will be sent to the First Aid Office for care and supervision. Campers unable to return to camp activities after four hours will be referred to the Canton-Potsdam Hospital upon consultation with a parent/guardian.
2. Sick campers **MUST** be sent home when:
 - a. They have a fever over 101°F for more than 24 hours.
 - b. They have a recurrent condition which lasts more than three days that limits their ability to participate fully in the program.
 - c. They have vomiting or diarrhea that causes dehydration and prevents their participating fully in the program or medical staff are suspicious that this vomiting or diarrhea may pose an infectious threat to other campers.
 - d. They have conditions requiring the intervention of a mental health practitioner.

Parent or guardian signature



PAYMENT FORM 2010

Please return this form with final payment, DUE by May 28. Please make checks payable to SUNY Potsdam or include credit card information below. Credit card payments may also be made over the phone by calling (315) 267-2167.

Camper's Name: _____

CYM Payment Amount Enclosed: _____
(Please check your receipt for the correct balance due.)

Payment Method: Check # _____

or

VISA MasterCard Card Number _____

Exp. Date _____ / _____ CVC Code _____ Signature _____

(last three digits on back of card)