



# Camp Overlook

Dear Parents,

Welcome to Camp Overlook! We have another amazing summer filled with fun and education here at Potomac Overlook Regional Park. Since most of the camp's activities are outdoors, we ask that your child come to camp **every day** with the following items:

- Sun screen
- Full and durable water bottle
- An extra change of clothes – in case they get dirty or wet
- Bagged lunch/snacks (healthy and non-perishable)
- A pair of sneakers (NO OPEN TOED SHOES ALLOWED)
- Raincoat if calling for rain
- A mask / face covering (these can be provided if needed but extras may be limited)

Pick up and drop off will take place either at the shelter at the top of the park or the picnic tables across from the tennis courts. Drop off and pick up times and location will vary by camp, and reminders will be given in email correspondence closer to the dates of camp. Camp staff will also conduct health and temperature screenings for campers prior to drop off each day. Please do your best to be on time. At 15 minutes past drop off we will begin camp activities, which may make it hard for late campers to locate us. **Also, please do not drop off or pick up your child without signing in/out with an ID. If your child is going to be late, absent or has to leave early, please call the nature center at 703-528-5406, or the number(s) provided to you by your camp counselors.**

Camp Overlook has developed protocols and standards to limit exposure to the ongoing COVID-19 pandemic that all campers and their family members are expected to follow. This includes but is not limited to frequent cleaning and sanitizing, social distancing, temperature and symptom checks, being outdoors, and more. Mask use is encouraged for unvaccinated individuals when indoors or in close proximity to others, and any individual may wear a mask in any setting. **Please note that to ensure proper social distancing, there will be no camp field trips or extended care options held at any Camp Overlook 2021 camp session.**

**Please make certain that you have gone over all of our rules in this packet with your child and read the information thoroughly.** The staff at Potomac Overlook wants every child who participates in our Summer Camp to have a safe and enjoyable experience.

General communication and / or inquiries about camp should be sent to [campoverlook@nvrpa.org](mailto:campoverlook@nvrpa.org). To communicate directly to the camp director, please feel free to email [abarnard@nvrpa.org](mailto:abarnard@nvrpa.org).

We can't wait to see you, and thank you for choosing Camp Overlook as your destination for summer adventure!

AJ Barnard  
Park Naturalist / Camp Director  
[abarnard@nvrpa.org](mailto:abarnard@nvrpa.org)  
Potomac Overlook Regional Park



## Parent's Guide to Camp Policies

Welcome to summer camp at Potomac Overlook! Our goal is to provide children with a safe and enjoyable camp experience where children can develop skills, form friendships and enhance self-esteem.

### Administering Medication:

NOVA Parks staff will not administer medication to children while participating in our camp programs.

### Sick/Ill Children:

If a child arrives with symptoms of illness or has a temperature over 100 degrees, the child will not be permitted to stay. If a camper becomes ill or starts exhibiting symptoms, parents will be required to pick up their child immediately. Sites will notify all parents about disease outbreaks or infections. Camp Management will consult with families on when children may return. In case of serious injury, parents will be notified immediately.

### Signing in/Out:

Authorized individuals 18 years or older must sign child in and out each day. Staff are required to I.D. all persons picking up children. Children will not be released to anyone not on the Pick Up Authorization Form. If arriving late please see a member of our staff.

### Children's Belongings:

Please label ALL belongings. NOVA Parks and the site staff are not responsible for lost/stolen items. Personal belongings should be kept in a bag or backpack, which will be stored in specific area. Electronics and other similar items should not be brought to camp.

### Late Parent Policy:

If a parent or authorized person is 15 minutes late in picking the child up, a late fee of \$2.00 per each additional minute may be applied thereafter. If a child is consistently picked up late, the child may be dismissed from the program. A staff member will remain with the child for up to one hour after the program ends. After one hour, Child Protective Services will be called if parents cannot be reached.

### Behavior Management:

If a child brings a weapon to camp, intentionally harms others, vandalizes property, or displays other extreme behavior, he/she will be dismissed from the program and no refund will be given. For inappropriate behavior, parents will be notified verbally and/ or in writing with notification of further action. NOVA Parks reserves the right to immediately dismiss a child from any program.

**STAFF WILL NEVER:** use physical punishment, be verbally abusive, force, withhold, or substitute food. Give any child the authority to punish another child, place a child out of visual/hearing sight, in the dark, or in an unvented place, or punish a child for a bathroom accident. All participants enrolled in NOVA Parks programs must meet the code of conduct, which is included in this packet.

### Food From Home:

It is required that lunches and snacks are brought from home and are not to be shared with others.

### Sunscreen & Lotion Application:

Staff are not permitted to apply sunscreens or lotions to campers.

### Reporting Child Abuse & Neglect:

If it is suspected that a child has been abused, neglected, or exploited in any way, NOVA Parks staff is required to report it to Youth Services and Child Protective Services.

### Refunds:

There are no refunds for missed days due to changed work or vacation schedules, sick days, or other non-emergency reasons. Refunds must be requested at least 45 days prior to the camp session. Refunds will only be made if we are able to fill the spot created by your cancellation. All but \$25 will be refunded in the event that we are able to fill your vacancy.

### Questions/Concerns:

Concerns should be addressed through the Camp Staff .

**Northern Virginia Regional Park Authority  
Pick Up Authorization & Guardian Identity Verification**

**Child's Name:** \_\_\_\_\_

**Camp Name:** \_\_\_\_\_

The following people are authorized to pick up my child from the NOVA Parks program. I understand my child will be allowed to leave with these individuals only. Photo identification will be asked for during sign out. (Please include yourself). **Please circle the names of any individuals who are able to pick up the camper within 1 hour should the need arise.**

Authorized Person's Name (Please Print)	Relationship To Child	Phone Number

Name of persons NOT allowed to pick up child (please attach appropriate custody papers if a parent is not allowed to pick up child):

**NOVA Parks Statement of Inclusivity:** It is the intent of all NOVA Parks camps and programs to include children of varying abilities to the extent that appropriate support and care can be provided. If your child has a disability, whether it be physical or mental, or a condition that requires medication or other special attention, **please inform your NOVA Parks activity of your child's needs at least 2 weeks prior to the start** of that activity. All information is confidential and will only be shared with staff members on a need to know basis. Once the parent/guardian informs their respective activity, NOVA Parks will consider all information on a case-by-case basis in order to provide the best possible experience for all.

Please state your child's specific needs:

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Camp Program Rules of Conduct

Children and parents should review this together and sign below. **This document is a requirement for camp enrollment.**

### Children must:

- Let camp staff know if they are experiencing symptoms during / before camp
- Follow established hygiene and safety procedures such as handwashing, social distancing, etc
- Maintain personal care (bathroom use, changing) without staff support
- Stay with assigned group at all times
- Respect others in what you say and do
- Listen to program leaders and follow directions
- Use appropriate language
- Keep hands to oneself and maintain self-control
- Take care of their own belongings
- Keep food and snacks to themselves, i.e. no sharing of food or drink
- Use equipment and supplies in a safe and appropriate manner
- Report incidents of teasing and/or bullying immediately to their counselor

### Parents must:

- Let camp staff know as soon as possible if their camper is experiencing symptoms during / before camp, and wait until given guidance by camp management on when they are cleared to rejoin camp
- Complete and submit appropriate paperwork from the parent packet
- Sign children in and out of the program and bring proper I.D.
- Be on time to drop off and pick up campers
- Assist staff in resolving behavior issues
- Contact Camp Management team immediately should issues arise

### Grounds for Immediate Dismissal (no refund given):

- A parent or child who refuses to follow NOVA Parks policies and conduct as stated in this packet
- A child who brings a weapon to camp
- A child who intentionally harms them self or causes injury to another child or staff member, or refuses to keep hands to self
- A child who vandalizes the property of the camp facility, staff or other children
- A child who steals items from the camp facility, staff or other children
- A child teasing and/or bullying others
- A child who displays inappropriate behaviors repeatedly

We have read and understand the Rules of Conduct and agree to uphold them to maintain a safe and enjoyable camp experience for everyone.

Child's Name (please print): \_\_\_\_\_

Signature of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's home number: \_\_\_\_\_ work phone: \_\_\_\_\_

# Northern Virginia Regional Park Authority Children's Emergency & Medical Information

Child's Name \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First MI Nickname

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Child's Date of Birth /\_/\_/ /\_/\_/ /\_/\_/

Parent/Guardian Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street (if different from child's) City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street (if different from child's) City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parents/Guardians Place of Employment: father \_\_\_\_\_ Mother \_\_\_\_\_

*\*\* Mandatory 2 Emergency Contacts other than parents (required by the VA Dept of Social Services)*

Emergency Contact #1 \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's Physician (name & phone) \_\_\_\_\_

Insurance Company (name & policy #) \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Is your child under physician's care or taking medications on a continuing basis? If yes, please explain what for:  
\_\_\_\_\_

\_\_\_ Yes \_\_\_ No Does your child have any allergies? If yes, please specify allergies: \_\_\_\_\_

What should be done if your child comes into contact with an allergen? \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Does your child have any chronic problems, special needs, or other conditions we should know about? If yes, please explain and call the nature center staff at 703-528-5406 or email us at [campoverlook@nvrpa.org](mailto:campoverlook@nvrpa.org) to report condition.

\_\_\_ Yes \_\_\_ No Does your child take medications? If yes, please list \_\_\_\_\_

If your child needs to take medication during the hours of camp, please contact the camp director at [abarnard@nvrpa.org](mailto:abarnard@nvrpa.org) to make arrangements.

# Immunization Record

Immunization record (must be completed for camp or a copy signed by a physician must be attached to this form)

IMMUNIZATIONS	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES ADMINISTERED				
Diphtheria/Tetanus/Pertussis (DTP)	/___/___/___	/___/___/___	/___/___/___	/___/___/___	/___/___/___
Diphtheria/Tetanus (DT or Adult Td)	/___/___/___	/___/___/___	/___/___/___	/___/___/___	/___/___/___
Poliomyelitis (OPV or IPV)	/___/___/___	/___/___/___	/___/___/___	/___/___/___	/___/___/___
Measles (Rubeola)	/___/___/___	/___/___/___	/___/___/___		
Rubella	/___/___/___	/___/___/___	/___/___/___		
Mumps	/___/___/___	/___/___/___	Before 08/01/81 /___/___/___		
Measles, Mumps, Rubella (MMR)	/___/___/___	/___/___/___			
Hepatitis B Vaccine	/___/___/___	/___/___/___	/___/___/___	Other:	/___/___/___
Other:	/___/___/___	/___/___/___	/___/___/___	/___/___/___	/___/___/___

Haemophilus influenzae Type b (Hib Conjugate): PLEASE COMPLETE THE APPROPRIATE SECTION BELOW.

Has received complete series of Hib vaccine in accordance with current recommendations of the AMERICAN ACADEMY OF PEDIATRICS OR THE U.S. PUBLIC HEALTH SERVICE.

Has received the AGE APPROPRIATE doses of Hib vaccine as recommended by the AMERICAN ACADEMY OF PEDIATRICS OR THE U.S. PUBLIC HEALTH SERVICE, this series will be complete  
RECORD COMPLETE DATE (month, day, year)

Series Completion Date:        /\_\_\_/\_\_\_/\_\_\_/

Hib vaccine is not indicated because the child has had Hib disease at 24 months of age or older

Being over 30 months of age, this child is not required by law to have proof of immunization against Hib.

I certify that this student is adequately IMMUNIZED in accordance with the MINIMUM requirements for attending programs licensed by the VA Dept of Social Services.

Name of Physician/Health Dept \_\_\_\_\_

Address of Physician/Health Dept \_\_\_\_\_

I hereby authorize NVRPA and/or designed contractor to seek medical treatment for my child, at the nearest facility, in the event medical care is required. In the event non-emergency medical care is required. I authorize NVRPA to seek medical treatment through my child's physician. I understand that I am responsible for all medical expenses incurred by my child and that NVRPA advises that I carry health insurance for my child. I have read the policies for the program and agree to adhere to them, including the policy if my child becomes ill, I must pick up my child immediately. I certify that the above information is complete and correct.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**IMPORTANT:** The forms in this packet must be submitted prior to your camper attending camp. Staff will not be allowed to admit any campers who do not have a completed packet. We ask that all parents submit their forms as soon as possible, either by emailing them to [campoverlook@nvrpa.org](mailto:campoverlook@nvrpa.org) or by mailing them to Potomac Overlook Regional Park at 2845 N. Marcey Road, Arlington, VA 22207.