

2018 Holiday Hill Overnight Program For Middle and Older Division Campers

The Holiday Hill Overnight program has been a successful camp experience for many years. Generating enthusiasm from campers and counselors alike, we seek to give campers an enjoyable experience in outdoor living. **Overnights take place on Holiday Hill grounds, beginning at 4:00 P.M. on Friday and ending promptly at 9:00 A.M. Saturday morning. Parents need to pick campers up on Saturday morning at Holiday Hill. Camp buses do not run on Saturdays.**

The Overnight is an extra-camp experience, and as such carries a \$50.00 fee. The Overnight takes place rain or shine. Depending on the weather, campers sleep either in tents, barn or coops. If your child wishes to attend an Overnight, please send the following with him or her the morning of the event. No electronics please!!

Sleeping Bag / blanket and pillow/ Sleeping Pad	Flashlight, Bug Repellent, Rain Gear
Change of clothes (dark clothes are encouraged for the big game)	We will use disposable wares; no need to bring your own
Jacket or sweater and long pants	Toilet articles (toothbrush and paste, comb, soap)

These items should be sent with your child on the Friday morning of the Overnight and will be securely stored until needed. Please be sure that each item is also marked for identification. Nylon or canvas bags are preferable to garbage bags for the storing of your child's items as plastic bags typically fall apart. **Please do not put your child's lunch or swim suit in the overnight bag!!** Children will not have access to their overnight bags during the day.

Please detach the bottom portion of this page and have your return it to camp by at least the **Thursday** before the Overnight. **The absolute latest we can accept Overnight slips is the morning of the event.** Copies of the form may be printed from our website's forms area at <http://www.holidayrecreation.com>.

Holiday Hill MD & OD Overnight Permission Slip

Indicate the session and date attending:

X	Session	Date
	First Session	Friday, July 6
	Second Session	Friday, July 20
	Third Session	Friday, August 3
	Fourth Session	Friday, August 10

Camper's Name: _____ Group: _____ Bus/Van: _____

Does your child have any special dietary restrictions? Describe: _____

Does your child have any sleep related issues? Describe: _____

Does your child take any evening medications? _____ (yes/no) If so, please comply with the following:

Connecticut State Law and Regulations require a physician's or dentist's written order and parent or guardian's authorization for approved camp health personnel to administer medications. **Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, physician or dentist's name, and date of original prescription. Call the camp in advance if you need an authorization form or download one from our website, <http://www.holidayrecreation.com>.**

I understand the details of the Overnight program and give my permission for the child named above to participate.

(Signature of Parent or guardian)

(Printed Name of Parent or Guardian)

Payment Method (please check one):

Overnight Fee: \$50.00

Cash (enclosed)

Check # _____ (enclosed)

Credit Card

Card # _____

Exp. Date _____