

PLUNGE INTO SUMMER!

June 15th-August 7th

Location: Sutcliffe Park

From 9:00 AM to 4:00 PM

SUMMER DAY CAMP Ages 5-12

Camp Fee:

\$110.00 per week per
child/resident

\$135.00 per week per
child/non-resident

Extended Care Fee:

Before Care	8:00-9:00am	\$40.00 per Week
After Care	4:00-5:00pm	\$40.00 per week

Please return registration forms
along with check or money
order to the Borough of
Conshohocken Administration
Offices located at 1 West First
Ave., Suite 200.

For all inquiries please contact
Madison Orler at (610) 828-1092
or via email at
morler@conshohockenpa.org

**Deadline to Register is Thursday,
April 30, 2015!**



WHY CAMP?

Looking for an organized, fun filled and affordable
day camp? Join our recreation staff at Sutcliffe Park
this summer! This traditional day camp has a wide
variety of activities including arts and crafts, sports
and group activities. Campers are separated into
three age groups and participate in activities
separately. Children should bring a lunch, snack, and
sunscreen. A parent or legal guardian must sign all
release forms. A day swim trip is planned weekly.
See parent's manual for details and required forms.

**Note: There is no camp Friday, July 3rd. A 5 year old
may only attend camp if they have completed
kindergarten.**

**A mandatory parent meeting will be held Tuesday, June 9, 2015 from 7:00pm-
8:00pm at the Conshohocken Community Center located at 515 Harry Street.**



REGISTRATION FORM

Participant Information

Weekly Camp Registration (please circle):

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8

Participant's Last Name: _____ First Name: _____

Age: _____ Date of Birth: ____/____/____ Sex: Male / Female

Camper's School: _____ Camper's Grade: _____

Address: _____
Street City Zip

Home Phone: ____-____-____ Cell Phone: ____-____-____ Email: _____

Mother/Guardian _____ Work: ____-____-____ Cell: ____-____-____ Child resides with this person: Y/N

Father/Guardian _____ Work: ____-____-____ Cell: ____-____-____ Child resides with this person: Y/N

Special Needs: _____

Allergies/Medications: _____

Emergency Contact: _____ Cell: ____-____-____

Preferred Hospital: _____

Individuals permitted to pick-up participant from camp: _____

Internal Use Only:

Amount Paid in Full: _____ Payment Type (check#/money order): _____ Date: _____

Release Form on File (Y/N): _____ Date: _____

Parent Manual Forms on File (Y/N): _____ Date: _____

Attendance at Mandatory Parent's Meeting: _____

Release

- I grant permission for a licensed physician and hospital to provide emergency care for the above-mentioned individual. Ambulance costs are my responsibility.
- I understand that the Borough of Conshohocken shall have the right at their discretion to enforce established rules of conduct and/or terminate individual's participation for failure to maintain these standards, or for actions or conduct detrimental to or incompatible with the welfare, comfort, or interest of the group and its program.
- I hereby grant the Borough of Conshohocken and any of their directors, agents and other representative's full authority to take whatever action they consider to be warranted regarding said participants health and safety, and fully release them from any liability for such actions taken on participant's behalf.
- I will furnish a certified birth certificate or proof of birth of the said participant upon request by the Borough of Conshohocken
- I understand and agree that once said program has begun, no refunds are provided for said participants; unless, program is cancelled by Borough or organization sponsoring program.
- To the best of my knowledge, the participant is in good health and is able to participate in the activity. I understand that while the recreation staff makes the safety of participants its top priority, no recreational activity is without some inherent risk of bodily harm.
- In cases of accidents, I release the Borough of Conshohocken from all claims to personal injury and property damage, which may result from participation in the above activities.
- As an adult/parent/guardian, I am responsible for all transportation to and from the activity.
- I hereby grant permission to allow photographs to be taken of this activity for the Borough of Conshohocken purposes.
- I have read, understand, and agree to the above items and the registration policies herein.

Parent/Guardian Signature

Date

Parent Manual

Summer 2015



Borough of Conshohocken
Department of Recreation Services and Parks
610-828-1092
www.conshohockenpa.org

Conshohocken Summer Camp



"Cubs Camp"

Ages 5-6

Monday-Friday, June 15-August 7 (no camp 7/3)

Before Care 8:00am-9:00am

Regular Camp 9:00am-4:00pm

After Care 4:00pm-5:00pm

Sutcliffe Park

Conshohocken, PA 19428

"Bulls Camp"

Ages 7-9

Monday-Friday, June 15-August 7 (no camp 7/3)

Before Care 8:00am-9:00am

Regular Camp 9:00am-4:00pm

After Care 4:00pm-5:00pm

Sutcliffe Park

Conshohocken, PA 19428

"Grizzlies Camp"

Ages 10-12

Monday-Friday, June 15-August 7 (no camp 7/3)

Before Care 8:00am-9:00am

Regular Camp 9:00am-4:00pm

After Care 4:00pm-5:00pm

Sutcliffe Park

Conshohocken, PA 19428

BEHAVIOR CONTRACT

Camper will:

- Stay with assigned group at all times.
- Be responsible for own actions. Do not blame others.
- Children will follow the instructions of Staff Members at all times.
- There will be no physical contact between any members of our Day Camp.
 - This includes hitting, kicking, slapping, sitting on laps, carrying on back or shoulders, etc. There will also be no threats of physical contact or bodily harm.
- Possessions will only be handled by their owners. There will be no stealing or going through other people's belongings. All personal belongings will remain at home with the exception of lunches, changes of clothes, swimming attire (if applicable), towels, sun block, and any medicine. Lunches and sun block will not be shared.
- There will be no name-calling or teasing. Only positive dialogue will be allowed.
- Teasing and bullying are not tolerated and children should report these incidents immediately to their counselor.
- Play safe and have fun!!

I understand that if I break any of the rules above there will be consequences and possible dismissal from camp. Consequences are outlined in the Discipline Procedures.

Discipline Procedures

For the benefit of all participants, there may be situations that require some form of disciplinary action taken by the Department of Recreation services and Parks. While most of this discipline is minor (sit out of an activity for 15 minutes), is it possible that additional discipline may be warranted. If a camper interferes with the proper and/or safe function of the program, we will notify the parents of the situation and ask for the parents' help in resolving the problem. We will not tolerate vandalism, fighting, foul language, bullying or troublesome and unsafe behavior. Additionally, any campers found to be abusing others personal property or rummaging through others belongings will be suspended and/or expelled from the program.

Each parent and camper is required to **read** and sign off on the Behavior Contract.

Signature of Parent/Guardian

Date

Medication Administration:

Borough of Conshohocken Parks & Recreation will:

- Only allow a staff member over the age of 16 and who is fully certified in First Aid (American Red Cross or the American Heart Association) to administer any prescription and nonprescription medication
- Keep all medication stored in an area of the facility that is out of reach of children, including EpiPens and inhalers
- Keep a detailed medication log

Parents/Guardians will:

- Provide written consent for the administration of the prescription or nonprescription drug (Fill out the Medical Authorization and Release Form)
- Ensure prescription or nonprescription medication is in an original container
- Provide written instructions for the administration of the medication. Instructions on a prescription label are acceptable
- Put a label on the medicine container identifying the name of the child the medication is for
- Pick up the medication immediately after its effective date or on the child's last day of the program

Borough of Conshohocken

Certification of Medical Fitness and Vaccination Status For Participants in Summer Camp / Recreation Program

The Borough of Conshohocken is committed to providing a healthy, safe and affordable recreational experience to residents and their guests. Due to resident concerns and to safeguard program participants, the Borough of Conshohocken must request confirmation from all program participants that they are medically fit to participate and that they meet minimum public health vaccination standards.

Please have the participant's physician complete the enclosed physical examination form. Medical/vaccination certification forms obtained for school or day care purposes will also be accepted. Note: Your child will not be permitted to participate until this form is returned.

Medical Authorization and Release

I hereby authorize the Borough of Conshohocken and its employees, volunteers and agents to administer the following medication to my minor child (ren) as specified:

<u>Child Name</u>	<u>Age</u>	<u>Medication</u>	<u>Dosage</u>

I understand and agree that the Borough of Conshohocken, its program personnel, Council members, officials, employees, departments and affiliated entities shall not be liable in any way for any personal injuries sustained by my minor child as a result of administering the above described medication(s) and that the administration of those medications is subject to the Liability Waiver and Release which is incorporated herein by reference. I also hereby authorize the Borough of Conshohocken to secure emergency medical care for my minor children should they suffer any injury or otherwise require such care while participating in any Borough of Conshohocken sponsored programs.

Should it be necessary for any of the Borough of Conshohocken program personnel to provide any emergency medical care for my minor child (ren), I acknowledge and understand that the Borough of Conshohocken, its program personnel, Council members, officials, employees, departments, agents and affiliated entities shall not be liable in any way for any person injuries arising from such care and that all such activities are also subject to the Liability Waiver and Release.

Intending to be legally bound hereby, and with full authority, I acknowledge, agree to and accept the terms of this Medical Authorization and Release of behalf of myself and my minor child (ren).

Print Name: _____

Signature: _____

Date: _____

Name(s) of minor child (ren)

MEDICAL INFORMATION

Is your child being treated for any of the following?
(Circle one)

Diabetes Asthma ADD ADHD Autistic Spectrum

Allergies Please Explain: _____

Other Medical Conditions Please Explain: _____

Medication: _____

Any other medical information/special needs we should be aware of?

EMERGENCY CONTACT INFORMATION

Child's Name: _____ Birth Date: _____ Age: _____
Address: _____ City: _____ State: _____
School: _____ Grade: _____

Parent/Guardian #1

Name: _____ Relation: _____
Cell #: _____ Home #: _____
Email Address: _____

Parent/Guardian # 2

Name: _____ Relation: _____
Cell #: _____ Home #: _____
Email Address: _____

Parent/Guardian # 3

Name: _____ Relation: _____
Cell #: _____ Home #: _____

Email Address: _____

Sibling(s) Participating: _____ Age: _____

I understand that every precaution is taken to secure the safety of each student; however in case of an accident, I agree to release the Borough of Conshohocken from any liabilities.

Signature

Date

Doctor Contact Information

In case of Emergency, the Borough of Conshohocken is authorized to seek medical attention from emergency services and/or:


Doctor _____

Phone # _____

Address _____

Safety & Medical Procedures will be reviewed at the mandatory parents' meeting on Tuesday, June 9th, 2015 at the Conshohocken Community Center from 7-8pm.

****RETURN FORMS WITH PROGRAM REGISTRATION
MATERIALS****



FIELD TRIP ITINERARY

SWIM DAY

Greater Plymouth Community Center
Every Wednesday

10am - 12pm

** Please Note: if permission is not given for
participant to attend field trip, there will be no regular
summer camp on Wednesdays. **

Swimming Permission Form

I _____ hereby give permission for my son/daughter _____ to participate in the swimming field trips that will be held on Wednesday mornings at GPCC. A First Student bus will transport participants from Sutcliffe Park at 9:30am and transport participants back at 12:30pm.

Signature: _____

I consider my child to be the following type of swimmer:

☐ Cannot swim ☐ Beginner ☐ Average

Is your child able to swim in the deep end?

☐ Yes ☐ No

Has your child taken swimming lessons?

☐ Yes ☐ No

If Yes, Number of years _____

Please note if your child will be bringing the following:

☐ Life Jacket ☐ Arm Flotilla's

If so, please be sure the child's name is on the items!

- All weak or non-swimmers must wear a US Coast Guard Approved life vest and must be accompanied by a responsible adult or guardian at all times. ***For convenience, Greater Plymouth Community Center (GPCC) has approved loaner vests, which will be available.***
- See attached forms from GPCC on "Healthy Swimming" literature from the Centers for Disease Control

Please Note: If permission form is not filled out, child (ren) will NOT be allowed to attend the Swim Day Trip



Bureau of Community Health Systems
Division of School Health

Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

PARENT / GUARDIAN / STUDENT:

Complete page one of this form before
student's exam. Take completed form to
appointment.

Student's name _____ Today's date _____

Date of birth _____ Age at time of exam _____ Gender: ☐ Male ☐ Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies? ☐ No ☐ Yes (If yes, list specific allergy and reaction.)

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: <i>Has the student...</i>	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: <i>Has the student...</i>	YES	NO
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: <i>Has the student...</i>	YES	NO
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: <i>Has the student...</i>	YES	NO
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: <i>Has the student...</i>	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: <i>Has the student...</i>	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
SOCIAL/LEARNING: <i>Has the student...</i>	YES	NO
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	YES	NO
42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other: _____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	YES	NO
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

Adapted in part from the **Pre-participation Physical Evaluation History Form**; ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes ☐ No ☐

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight: () pounds				
BMI: ()				
BMI-for-Age Percentile: () %				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes ☐ No ☐Physical exam performed at: Personal Health Care Provider's Office ☐ School ☐ Date of exam _____ 20____

Print name of examiner _____

Print examiner's office address _____ Phone _____

Signature of examiner _____ MD ☐ DO ☐ PAC ☐ CRNP ☐

HEALTH CARE PROVIDERS: *Please photocopy immunization history from student's record – OR – insert information below.*

IMMUNIZATION EXEMPTION(S):

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					

GREATER PLYMOUTH COMMUNITY CENTER
2910 JOLLY ROAD PLYMOUTH MEETING, PA 19462-2325
PHONE: 610.277.4312 FAX: 610.277.4314
WWW.PLYMOUTHCOMMUNITYCENTER.ORG

Dear GPCC Patrons,

With numerous cryptosporidium outbreaks occurring at other facilities, we at GPCC are taking extra precautions to prevent the spread of recreational water illnesses (RWIs) in our facility. We will do our part by sanitizing the pools, cleaning our filters, and adding fresh water regularly, but we need your help too. The Center for Disease Control recommends that you practice the following 6 “PLEAs” to protect yourself & others against RWIs.

1. **Please** don't swim when you have diarrhea.
2. **Please** don't swallow the pool water.
3. **Please** practice good hygiene. Take a shower before swimming and wash your hands after using the toilet or changing diapers.
4. **Please** take your kids on bathroom breaks or check diapers often.
5. **Please** change diapers in a bathroom and not at poolside.
6. **Please** wash your child thoroughly (especially the rear end) with soap and water before swimming.

On the reverse side of this letter you will find some additional literature from the Center for Disease Control that I hope you find informative. Please know that by following these recommendations you will help keep our swimmers safe this season.

Sincerely,

Harry Levans,
Aquatics Manager

HEALTHY SWIMMING

Protect Yourself and Your Family Against Recreational Water Illnesses

Swimming...Same Tradition, New Information

What is the first thing that pops into your head when you think about water safety? Drowning? Lightning? Slipping? All are important safety issues. But, do you know many people have become sick from germs found in contaminated recreational water?

What are Recreational Water Illnesses (RWIs)?

RWIs are the various illnesses caused by germs that can contaminate water in pools, lakes and the ocean. The most common RWI is diarrhea, caused by germs like “Crypto”, *Giardia*, *Shigella*, and *E. coli* O157:H7.

How is Diarrhea Spread?

Pool water is shared by every swimmer. A person with diarrhea can easily contaminate the pool with fecal matter. Diarrhea is then spread when swimmers swallow this contaminated pool water.

Does Chlorine Protect Against RWIs?

Yes, germs causing RWIs are killed by chlorine, but it doesn’t work right away. Some germs, like “Crypto”, can live in pools for days. Without your help, even the best-maintained pools can spread illness.

Practice the 6 “PLEAs” to Protect Yourself and Others Against RWIs

Three “PLEAs” for All Swimmers

Practice these three “PLEAs” to stop germs from causing illness at the pool:

Please do not swim when you have diarrhea. This is especially important for kids in diapers. You can spread germs in the water and make other people sick.

Please do not swallow the pool water. In fact, avoid getting water in your mouth.

Please practice good hygiene. Take a shower before swimming and wash your hands after using the toilet or changing diapers. Germs on your body end up in the water.

Three “PLEAs” for Parents of Young Kids

Practice these three “PLEAs” to keep germs out of the pool and your community:

Please take your kids on bathroom breaks or check diapers often. Waiting to hear “I have to go” may mean that it’s too late.

Please change diapers in a bathroom and not at poolside. Germs can spread to surfaces and objects in and around the pool and spread illness.

Please wash your child thoroughly (especially the rear end) with soap and water before swimming. Everyone has invisible amounts of fecal matter on their bottoms that ends up in the pool.

Without your help, even the best-maintained pools can spread illness.

Think about it!

You share the water with everyone in the pool. If someone with diarrhea contaminates the water, swallowing the water can make you sick. So, you think chlorine kills germs. Yes it does. But it doesn’t work right away. It takes time. In fact, without your help, even the best-maintained pools can spread illness. Think Healthy, Be Healthy, Swim Healthy!

PLEASE remember to keep an eye on your child at all times. Remember, kids can drown in seconds and in silence.

PLEASE protect your child against sunburn by using a sunscreen with at least SPF 15 and both UVA and UVB protection, and be sure to re-apply it after swimming. Even a few serious sunburns can increase the risk of getting skin cancer.

PLEASE don’t use air-filled swimming aids (such as “water wings”) with children in place of life jackets or life preservers.

For more information go to www.healthyswimming.org

CENTERS FOR DISEASE CONTROL AND PREVENTION