



IRONSTONE FARM SUMMER CAMP 2023

Welcome!

Thank you for your interest in Ironstone Farm's Summer Programs. Ironstone Farm is the home of the nonprofit organizations Challenge Unlimited and Ironstone Therapy that provide a variety of recreational, therapeutic, and educational riding programs.

Enclosed you will find all our registration forms needed to secure your spot in our camp. Ironstone Farm's Summer Camps have sold out for the past 18 years. ***Due to this high demand, your spot will not be secured without full completion of all forms attached, along with full payment.***

Ironstone Farm provides a fun, educational, and inclusive environment for children to safely learn about various aspects of horsemanship. With a low client-to-staff ratio, we are able to divide clients into different small groups based on their age and abilities. This allows us to provide appropriate challenges for both new and experienced riders.

If at any time, you have a question or are not satisfied with an aspect related to the services provided at our facility, please discuss it with us promptly and openly. We want to provide a thoroughly enjoyable and beneficial experience to all campers, and to partner with you in creating a summer to remember for your child.

We hope the enclosed information answers any questions you may have concerning our program, policies and procedures. If you have additional questions, you can learn more at: IronstoneFarm.org/summer-programs, or email us at: SummerPrograms@IronstoneFarm.org.

We look forward to meeting you soon!

Sincerely,

Renee Gore

Summer Camp Director

Jessica Casolari

Program Director

"This program must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local Board of Health" (in accordance with 105 CMR: 430.190(C))

Ironstone Farm - Home of Challenge Unlimited and Ironstone Therapy, Inc
450 Lowell St., Andover, MA 01810 978-475-4056 Tel Ext 4 978-475-4046 Fax
www.IronstoneFarm.org SummerPrograms@IronstoneFarm.org



GENERAL INFORMATION

Requirements

Age Requirement

Ages 7 - 16 (*Riders will be placed in groups based on their age and riding ability*)

Required Payment & Forms

Full payment and all forms are due with your registration. Registration will not be accepted until all forms are completed and payment is received. (Check or card # for online payment).

Forms Needed:

- Current physical and Immunization record within 18 months
- Emergency Release Form
- Bug Spray/sunscreen/Popsicle Permission slip Form
- Authorization to Administer Medicine; **If not applicable, please right N/A and sign**
- Child pickup permission form, if applicable.

What to Bring to Camp Every Day

- Boots AND Sneakers
- Long Pants
- Sunscreen & Bug Spray
- Snack
- Plenty to drink
- ASTM/SEI certified equestrian helmet

we are unable to provide helmets for students



THEMES FOR EACH WEEK

Each week will include a riding lesson and a vaulting session every day, along with an activity based around the theme of the week

WEEK ONE: Tack Week (*Learn about all the different tack, how to tack, and games involving the tack*)

WEEK TWO: Games Week (*All different games on horseback will be played*)

WEEK THREE-SIX: SOLD OUT TO OTHER PROGRAMS

WEEK SEVEN: English Week (*All riding disciplines will be around english-themed riding*)

WEEK EIGHT: Western Week (*All riding disciplines will be around western-themed riding*)

WEEK NINE: Games Week (*All different games on horseback will be played*)



2023 CAMP SESSION PRICES & SCHEDULE

CAMP SESSION PRICE

Camp Session.....\$650/Week
Monday - Thursday
9:00 am-2:00 pm

Our camp session includes tacking, a 45 min group lesson, a private vaulting session, as well as a daily lesson and activity in the horsemanship theme of the week.

SHOW DAY

Every Thursday, students will demonstrate what they have learned at camp that week. Riders are invited to bring family and friends to watch them ride! We end the day with an awards/superlatives presentation.

FOURTH OF JULY WEEK - SPECIAL PRICE

9:00-2:00PM, Sign up per day!

Ironstone Farm will offer a three-day experience during the Fourth of July week. Campers will come to the farm Wednesday through Friday, July 5th-7th. Ironstone is closed for Independence Day, Tuesday, July 4th.

Camp Session\$162.50/day



Below are explanations regarding the different aspects of our camp

VAULTING

Vaulting is similar to gymnastics on horseback. It teaches confidence, rhythm, and balance, essential objectives to developing a solid foundation for riding. These exercises are performed with a surcingle rather than a saddle. This puts the rider in closer contact with the horse, allowing the rider to better feel the movement of the horse.

HORSEMANSHIP

Horsemanship lessons provide an overview of the basics of equine understanding, care, and management. The campers may learn about parts of the horse, the hoof, saddle, farm chores, and more. The camper will learn to tack up and take care of the horse after riding as well.



2023 SUMMER CAMP REGISTRATION FORM

NAME OF CAMPER _____ AGE _____

ADDRESS _____

CITY OR TOWN _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

BEST PHONE # _____

UNISEX T-SHIRT SIZE: ___ XS ___ S ___ M ___ L ___ XL
YOUTH

CHOICE OF WEEK: Please indicate 1st, 2nd, 3rd choice for week(s). If you wish to participate in multiple weeks, indicate all 1st choices with a 1, and so on.

Week	Theme	Preference
June 26th - 29th	SOLD OUT	SOLD OUT
July 5th - 7th Special Week*	SOLD OUT	SOLD OUT
July 10th - 14th	Advanced Camp*	___ \$650
July 17th - 21st	SOLD OUT	SOLD OUT
July 24th - 28th	SOLD OUT	SOLD OUT
July 31st - Aug 4	SOLD OUT	SOLD OUT
Aug 7th - 11th	SOLD OUT	SOLD OUT
Aug 14th - 18th	SOLD OUT	SOLD OUT
Aug 21st - 25th	SOLD OUT	SOLD OUT

TOTAL : _____

*Must be a current, or recent (within the past 6 months) rider at the farm, and be at the walk/trot/canter level to enroll

REGISTRATION REQUIREMENTS

- ★ **Form Submission:** ALL forms in this packet must be submitted to the [google form](#) on our website or mailed to 450 Lowell Street, Andover, MA 01810.
- ★ **Payment Terms:** Payment must be submitted in full with your registration forms. Placement in camp is assigned on a first-registered, first-served basis. **Please note, your spot will not be confirmed until payment is made.**
- ★ **Age Requirement:** Ages 7 - 16
If your child turns 7 during the summer, they are not eligible for camp until the weeks after they turn 7.

PAYMENT METHOD

___ CHECK
(Please make checks payable to Challenge Unlimited)

___ ONLINE CARD PAYMENT

TYPE OF CARD: ___ VISA ___ AMEX ___ MC

CARD NUMBER _____

NAME ON CARD _____

EXP. DATE _____ CSV# (3 or 4 digit) _____

SIGNATURE TO AUTHORIZE PAYMENT _____

**Assumption Of Risks & Liability Release Agreement
Ironstone Farm; Challenge Unlimited, Inc.; & Ironstone Therapy, Inc.**

**PLEASE READ BOTH SIDES OF THIS AGREEMENT
SIGNATURE REQUIRED ON THE REVERSE**

*Client Name: _____ *Gender: M __ F __ *DOB: _____ *Height: _____ *Weight: _____

The Client (myself, child/ward) DOES __ or DOES NOT __ have a (physical or other) diagnosis or disability. *Required Fields

Client Address: _____ City: _____ State: _____ Zip: _____

*Best Phone: _____

*Best Email: _____ CC Email: _____

Parent/Spouse/Guardian 1 Name: _____ Phone #: _____

Parent/Spouse/Guardian 2 Name: _____ Phone #: _____

Group Home Contact Name: _____ Phone #: _____

Name & Phone# of Employer (Client): _____

Name & Phone# of Employer (Parent/Spouse 1): _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone #: _____

Primary Care Physician Name: _____ Phone #: _____

Person(s) responsible for payment arrangements: _____

Address: _____ City: _____ State: _____ Zip: _____

Third party payer contact name: _____ Phone#: _____

Describe any medical condition or allergy requiring special precautions, and any medication and dosage:

PLEASE READ THE FOLLOWING THREE PARAGRAPHS CAREFULLY

Inherent Risk/Assumption of Risks. I/We acknowledge that: Risks, conditions and dangers are inherent in (meaning an integral part of) horse/equine/animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: the propensity of an animal to behave in ways that may result in injury, harm, death or loss to persons on or around the animal; the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; hazards, including but not limited to, surface or subsurface conditions, a collision, encounter and/or confrontation with another equine, another animal, a person or an object; the potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and or failing to act within the ability of the participant. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to, stopping short; spinning around; changing directions and or speed at will; shifting its weight; bucking; rearing; kicking; biting; and or running from danger. I/We also acknowledge that these are just some of the risks

**Assumption Of Risks & Liability Release Agreement
Ironstone Farm; Challenge Unlimited, Inc.; & Ironstone Therapy, Inc.**

and I/We agree to assume others not mentioned above. I/We am (are) not relying on Challenge Unlimited, Inc., Ironstone Therapy, Inc. and/or Ironstone Farm to list all possible risks for me.

Liability Release. I/We agree that: in consideration of allowing my participation in the activities of Challenge Unlimited, Ironstone Therapy and/or Ironstone Farm, I, the student, client or volunteer, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge Challenge Unlimited, Inc., Ironstone Therapy, Inc. and Ironstone Farm, its employees, agents, independent contractors, officers, directors, claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to ordinary negligence or legal liability; and I do agree to release any claims, demands, legal actions and causes of action, against Challenge Unlimited, Inc., Ironstone Therapy, Inc. or Ironstone Farm, and its employees, agents, independent contractors, officers, directors, representatives, assigns, members, and insurers, for any damages due to bodily injury and/or death and/or property damage, sustained by me and or my minor child or legal ward in relation to the premises and operations herein, including, but not limited to, riding, driving, training, handling or otherwise being near or around horses owned, leased or boarded by Challenge Unlimited, Inc., Ironstone Therapy, Inc., or Ironstone Farm.

WARNING

Under Massachusetts law, an equine professional is not liable for injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 2D of Chapter 128 of the Massachusetts General Laws.

In case of a medical emergency, efforts will be made to notify parent(s)/guardian(s). In the event that parent(s)/guardian(s) cannot be reached, the undersigned authorizes Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm, to provide such medical assistance as they determine to be necessary.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the client, including anesthetic, which they determine necessary or advisable, pending a receipt of specific consent from the undersigned.

Weight Limits. Weight limits are important for the safety and well-being of both horses and riders. Please be accurate when disclosing the client's current weight on our registration form. Limits are: 200 lbs. for ponies and smaller horses and 225 lbs. for larger horses. Notwithstanding the above, Management reserves the right to adjust program options and/or to restrict client participation based on weight and weight distribution.

Photo Release: I hereby consent to and authorize the use and reproduction by Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

➡ Opt out: **No, I do not consent.** _____

I would ___ would not ___ be willing/able to assist with my child's/ward's lesson if additional staff/volunteers are not available.
(Please check one)

I/We represent that I/We have read this entire agreement (consisting of two pages) and in particular the sections labeled Inherent Risk/Assumption of Risks, Liability Release and Warning. I/We also represent that I/We have read and understand the Policies, Procedures and Safety Regulations for the Programs held at Ironstone Farm.

Signature

(Parent/Guardian must sign for all clients under the age of 18)

Print name

Date: ___ / ___ / ___

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

(completed by parent/guardian **EVEN IF NOT APPLICABLE, WRITE N/A AND SIGN**)

Camper and Parent/Guardian Information	
Camper's Name:	
Age:	Food/Drug Allergies:
Diagnosis(at parent/guardian discretion):	
Parent/Guardian's Name:	
Primary Phone:	Secondary Phone:
Email:	
Licensed Prescriber Information	
Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:
Medication Information 1	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	

(continues on back)

Medication Information 2

Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	

Authorization Information

I hereby authorize the health care consultant** or properly trained health care supervisor** at _____ to administer, to my child, _____ the medication(s)
camper name
 listed above, in accordance with 105 CMR.

If the above-listed medication includes an epinephrine injection system:
 I hereby authorize my child to self-administer, with approval of the health care consultant**
 Yes No Not Applicable

I hereby authorize an employee who has received training in allergy awareness/epinephrine administration to administer Yes No Not Applicable

If the above listed medication includes insulin for diabetic management:
 I hereby authorize my child to self-administer, with approval of the health care consultant**
 Yes No Not Applicable

Signature of Parent/Guardian:	Date:
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** **Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or another person specially trained in first aid.

105 CMR 430 References

105 CMR 430.160(A): Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filing, the pharmacy name, and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over-the-counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.
(M.G.L. c. 94C § 21).

105 CMR 430.160(C): Medication shall only be administered by the health care supervisor or by a licensed health care professional authorized to administer prescription medications. If the health care supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. The health care consultant shall acknowledge in writing a list of all medications administered at the camp. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

105 CMR 430.160(D): A written policy for the administration of medications at the camp shall identify the individuals who will administer medications. This policy shall:

(1) List individuals at the camp authorized by the scope of practice (such as licensed nurses) to administer medications; and/or other individuals qualified as health care supervisors who are properly trained or instructed, and designated to administer oral or topical medications by the health care consultant.

(2) Require health care supervisors designated to administer prescription medications to be trained or instructed by the health care consultant to administer oral or topical medications.

(3) Document the circumstances in which a camper, Health Care Supervisor, or Other Employee may administer epinephrine injections. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may: a) Self-administer and carry an epinephrine auto-injector with him or her at all times for the purposes of self-administration if 1) the camper is capable of self-administration; and

2) the health care consultant and camper's parent/guardian have given written approval

(b) Receive an epinephrine auto-injection by someone other than the Health Care Consultant or the person who may give injections within their scope of practice if:

1) the health care consultant and camper's parent/guardian have given written approval, and

2) the health care supervisor or employee has completed training developed by the camp's health care consultant in accordance

with the requirements in 105 CMR 430.160.

(4) Document the circumstances in which a camper may self-administer insulin injections. If a diabetic child requires his or her blood sugar to be monitored or requires insulin injections, and the parent or guardian and the camp health care consultant give written approval, the camper, who is capable, may be allowed to self-monitor and/or self-inject himself or herself. Blood monitoring activities such as insulin pump calibration, etc., and self-injection must take place in the presence of the properly trained health care supervisor who may support the child's process of self-administration.

105 CMR 430.160(F): The camp shall dispose of any hypodermic needles and syringes or any other medical waste in accordance with 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste.

105 CMR 430.160(I): When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be disposed of as follows:

(1) Prescription medication shall be properly disposed of in accordance with state and federal laws and such disposal shall be documented in writing in a medication disposal log.

(2) The medication disposal log shall be maintained for at least three years following the date of the last entry.



SUMMER PROGRAMS 2023 PERMISSION FORMS

Please initial and sign at the bottom of the page, **if not applicable, please write N/A and still sign.**
Return to SummerPrograms@IronstoneFarm.org.

The following permissions are for my child, _____
child's name

RIDE HOME PERMISSION

My child has permission to be picked up from Ironstone Farm Summer Programs by the authorized person(s) listed. I understand that anyone picking up will need to show a valid ID for my child to be released to their care.

Please print first & last name(s)

Please print first & last name(s)

Please print first & last name(s)

Please print first & last name(s)

INSECT-REPELLENT & SUNSCREEN-APPLICATION PERMISSION

Due to the Massachusetts Health Department's stringent guidelines, all clients MUST have the following permission slip signed and dated by a parent or guardian for camp weeks they will attend.

I DO **I DO NOT** give permission for my child to self-apply insect repellent and or sunscreen as needed while at Ironstone Farm's Summer Program. *If so, I have provided my child with insect repellent and/or sunscreen to be used.*

POPSICLE PERMISSION

I DO **I DO NOT** give permission for my child to have (a) popsicle(s) during Ironstone Farm Summer Camp

Parent/Guardian Signature for all above permission

Date



IRONSTONE FARM SAFETY REGULATIONS

PLEASE READ CAREFULLY

The following regulations have been established for your safety and the safety of all involved in the activities at Ironstone Farm. Please make every effort to abide by them during your time on the premises.

SMOKING: There is **NO SMOKING** allowed on the property of Ironstone Farm.

CHILDREN: Ironstone is a working farm. We insist that all children, when not involved in a lesson, remain beside their accompanying adult. Running, yelling, or unaccompanied children can create hazardous situations – for themselves, riders, handlers, staff, and other visitors at the farm. Please observe (or ask about) designated areas for viewing lessons. If children behave in an unsafe manner, we may ask you to remove them from the premises.

PETS & SERVICE ANIMALS: The animals at Ironstone Farm live in harmony with one another and the introduction of a new animal is handled very carefully. Visiting pets will upset this harmony and can be very disruptive, creating an unsafe situation. Please leave your pet(s) at home. With regards to service animals, please check with the office before visiting the farm.

TREATS: Our animals are on a routine feeding schedule. Their daily intake is carefully monitored. Treats may be harmful to some animals, and hand-feeding encourages the animals to bite in search of treats and can be dangerous. Please do not feed the animals.

PARKING: Please park in designated areas only. Observe the “No Parking” signs and spaces allotted for the pick-up and drop-off of clients. Please do not sound your horn/car alarm while on Ironstone Farm property! Sudden loud noises may frighten the animals residing at the farm as well as clients participating in therapy.

UMBRELLAS: Please do not use umbrellas on the property. The odd shape and sudden movement of opening/closing an umbrella can startle our horses.

THE BARN: The upper barn is a staff-only area. If you need to reach someone in the barn office, please call us at 978-475-4056, or ask a present staff member to contact us for you.

OBSERVATION: Our instructors and therapists are trained professionals. Please remain outside the teaching area during lessons. You are invited to watch from designated areas.

PADDOCK: Only Staff, Working Students, and Feeders (all of whom must have Paddock Privileges) are allowed in the Paddocks. *Volunteers and visitors are not allowed to enter the Paddocks for any reason.*

We appreciate your patronage. We pledge to offer you the best in quality, horse-related and therapeutic programming. During your time spent with us, we ask that you have respect for the property, the animals, and the staff. -- Thank you!



Meningococcal Disease and Camp Attendees: Commonly Asked Questions

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the "meninges") that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease can include fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, or have seizures or strokes.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is most at risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

Should my child or adolescent receive meningococcal vaccine?

That depends. Meningococcal conjugate vaccine (Menactra and Menveo) is routinely recommended at age 11-12 years with a booster at age 16. In addition, this vaccine may be recommended for children with certain high-risk health conditions, such as those described above. Otherwise, meningococcal vaccine is **not** recommended for attendance at camps.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high risk conditions **may** be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

How can I protect my child or adolescent from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth



with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.

3. not share food, drinks or eating utensils with other people, especially if they are ill.

4. contact their healthcare provider immediately if they have symptoms of meningitis.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick. You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at www.mass.gov/dph.

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111, s.219 and 105 CMR 430.157(C).

Massachusetts Department of Public Health, Division of Epidemiology and Immunization, 305 South Street, Jamaica Plain, MA 02130 Updated March 2018



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

**Reducing Risk of Mosquito-borne Illness While Outdoors
Guidance for School Staff: Applying EPA- Approved Mosquito Repellent to Prevent EEE**

Massachusetts is in the second year of an EEE outbreak cycle, and there is a risk that people may be infected. However, children can continue to spend time outdoors for recess and other activities during the day with the use of repellent—as well as wearing long-sleeves, long pants, and socks when possible. Outdoor activities should be avoided between dusk and dawn, when mosquitoes are most active.

EEE (Eastern equine encephalitis) is a rare but serious disease that is generally spread to people through the bite of an infected mosquito. **EEE can cause severe illness and possibly lead to death** in any age group; however, **people under age 15 are at particular risk.**

To reduce the chance of becoming infected, the Department of Public Health (DPH) recommends always applying an EPA-approved mosquito repellent to children before they go outside. EPA approved repellents contain DEET, permethrin, picaridin, or oil of lemon eucalyptus

Please note the following within the context of a school setting:

- Because repellants are not considered a drug or medication, they are not subject to 105 CMR 210, and thus schools are *not* limited to only those school staff who are designated by the school nurse as staff authorized to administer medications. Schools should identify staff that can:
 - follow the procedures laid out in these guidelines
 - read and understand the application instructions listed on the repellent
 - communicate with students, and
 - monitor a student to identify adverse effects, such as a rash.
- Staff should wash their hands before and after each application (do not wear gloves).
- Parents/Caregivers should be notified of any school-supplied repellent and be given the option to opt out of having repellent applied to their child.
- Parents/Caregivers can provide their own repellent to be applied to their child, however, Parents/Caregivers need to communicate with the school in regards to any repellent being sent in for their child, so that school staff may label and safely secure the repellent.
- Follow safe storage guidelines; schools should store insect repellents safely out of the reach of children, such as in a locked cabinet out of the reach of small children.¹



Using Repellents Safely

- *DEET* products should not be used on infants under two months of age and should be used in concentrations of 30% or less on older children. *Oil of lemon eucalyptus* should not be used on ¹<https://www.epa.gov/insect-repellents/using-insect-repellents-safely-and-effectively> children under three years of age. *Permethrin* products are intended for use on items such as clothing, shoes, bed nets and camping gear and should not be applied to skin. ● Follow the instructions on the product label. If you have questions after reading the label, such as how many hours does the product work for, or if and how often it should be reapplied, contact the manufacturer.
- **Don't let children handle the product.**
- To apply, put some on your hands first and then apply it to the child's arms, legs, neck and face. ● Don't use repellents near the mouth or eyes and use them sparingly around the ears. ● Be sure not to put any repellent on the child's hands.
- Don't apply any repellent underneath the child's clothing or facemasks.
- Don't use repellents on any cuts or irritated skin.
- Use just enough product to lightly cover exposed skin and/or clothing. Putting on a larger amount does not make the product work any better.
- If a rash or other symptoms develop and may have been caused by using a repellent, stop using the product, wash the affected area with soap and water, and contact a health care provider or local poison control center. If there is a visit to the doctor, send the product with the child.