

Thank you for registering for Special Persons Camp. We hope you are looking forward to making friends and having fun. Listed below you will find more information regarding the camp session, what to bring, how & when to check-in, health forms, and other important information. If you have any questions or concerns, please feel free to contact us at 563-488-3893.

### **Prior to Camp Arrival:**

The HEALTH FORM, COUNSELOR FORM, and NON-PRESCRIPTION MEDICATION CONSENT must be filled out and sent to the camp office two weeks prior to the camp start date. The Medication Sheet should be filled out and brought with you on the day of registration. These forms are required for attendance at Camp Wyoming.

### **Check In:**

Check in starts on Monday at 1:00 PM and ends promptly at 2:00 PM. Check in is at the Deer Center. Please note that we will be unable to properly care for your client prior to the start of camp registration. If you will be arriving late or other complications arise, please notify the camp.

### **Check In Involves:**

1. Final payment of any outstanding camp fee balances.
2. Cabin assignments for your client.
3. Health screening & head lice check. If head lice are found on a camper, we are prepared to administer medication on site, which will enable the camper to stay at camp while being treated.
4. Drop off any medications Nurse.
5. Purchase of any Camp Wyoming keepsake items or clothing.
6. After you have gone through the check-in process, you may move into their cabin.

### **Check Out:**

Departure time is Saturday at 10:00 AM - 11:00 AM. Please be sure to arrive during this time as staff will be unable to care for your client afterwards, unless pre-planned with camp management. If an emergency arises, please contact the camp immediately. Check out occurs at Deer Center where you will be able to sign out and load their luggage.

### **Trading Post:**

Camp Wyoming operates a small store known as the Trading Post where campers are able to purchase clothing, water bottles, postcards and many other items. The Trading Post will be open during Registration and Check-out for your convenience.

### **Telephone & Mail:**

Use of the telephone is not permitted without the permission of the camp staff. Campers are encouraged to write home. Campers enjoy hearing from you also. Address your mail as follows:

**Campers Name & Camp Session, Camp Wyoming, 9106 42nd Ave, Wyoming, IA 52362.**

### **First Aid:**

All counselors are certified in First Aid/CPR and are with campers 24 hours a day. The Nurse conducts daily sick calls and dispenses all medication. All medications must be in original containers and deposited with the Nurse at check-in. Your client's emergency contact will be notified if he/she has an illness or injury that requires more than first aid care. The emergency contact will also be contacted if questions regarding a health issue arise. Each client is responsible for covering costs of medical expenses incurred at camp. The camp insurance policy provides supplementary coverage for accident expenses, which exceed the client's resources. It does not cover the costs for illnesses.

### **Clothing & Equipment List:**

It is strongly suggested that all clothing and equipment be marked with your camper's name. Lost and found articles with names attached are much easier to return to owners. Lost and found articles left at camp will remain there for a period of two weeks to be claimed by the owners. Campers should bring enough clothing with them to last for the session. When packing, keep in mind that campers should dress for comfort.

#### **Please bring the following:**

Sleeping Bag or Blankets & Flat Sheet	Pillow	Insect Repellent
Bath Towels & Washcloths (2 each)	Pool Towel	Sunscreen
Shampoo & Soap	Toothbrush & paste	Bible
Comb or Brush	Jeans or Sweatpants	Flashlight
Shorts	Shirts	Water Bottle
Closed-toed shoes (2 pairs)	Sandals for pool/shower	Paper/Pencil
One-piece Swimming Suit	Socks & Underwear	Hat
Pajamas (No revealing night wear)	Sweatshirt or Jacket	
Raincoat or Poncho	Envelopes (stamped & addressed)	

#### **Please Do Not Bring:**

Cell Phones, Radios, CD players, Video Games, Food, or Candy (they attract critters). If a camper comes with any of these items, the items will be confiscated and returned to the camper at check-out. Camp Wyoming is not responsible for any lost or damaged items.

#### **Vehicles:**

Vehicles should only be driven on roads. If campers drive themselves, they will need to turn in their keys to the office upon arrival.

## Camp Wyoming Counselor/Parent Form

1. Is camper diabetic? YES NO (Circle one) If YES, proceed to next question. If NO, proceed to question #4.

2. Will they need blood sugar monitoring? YES NO (Circle one). If YES, WHEN? \_\_\_\_\_

3. Can they do the testing independently? YES NO (Circle one). If NO, please include written steps to operating their personal glucometer here:

4. Please check all that apply and explain in space provided.

**Mental Disability**

- Mild
- Moderate
- Severe & Profound
- Autism
- Learning Disabled
- Emotionally Disturbed
- Attention Deficit
- Other

**Physical Disability**

- Cerebral Palsy
- Muscular Dystrophy
- Visually Impaired
- Hearing Impaired
- Seizures (details)
- Head Injured
- Alzheimer's
- Other

**Behavior**

- Happy
- Cautious
- Withdrawn
- Physically Aggressive
- Wanders
- Self Abusive
- Other

List additional details and/or comments on the above categories:

5. Please check appropriate lines.

	Independent	Minimal Assistance	Complete Assistance
<u>Personal Grooming:</u>			
Dressing	_____	_____	_____
Brushing Teeth	_____	_____	_____
Showering	_____	_____	_____
Toileting	_____	_____	_____
Menstrual Care	_____	_____	_____
 <u>Mobility:</u>			
Walking	_____	_____	_____
Wheelchair transfers	_____	_____	_____
Pushes self in chair	_____	_____	_____
Motor Skills	_____	_____	_____
Physical disabilities	_____	_____	_____
 <u>Meal Time:</u>			
Portion taking	_____	_____	_____
Cutting Food	_____	_____	_____
Eating	_____	_____	_____
Drinking	_____	_____	_____
 <u>Communication Skills:</u>			
Reads	_____	_____	_____
Writes	_____	_____	_____
Talks	_____	_____	_____
Sign Language	_____	_____	_____
Gestures	_____	_____	_____

Camp Wyoming 9106 42nd Ave. Wyoming, IA 52362 563-488-3893

Camp Wyoming Health Form

*To be completed by PARENT/GUARDIAN*

Camp Session: \_\_\_\_\_ Camp Date: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

2nd Parent/Guradian: \_\_\_\_\_ Phone: \_\_\_\_\_  
( if applicable )

**Emergency Contacts:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance Information:**

Carrier or Plan Name: \_\_\_\_\_

Group: \_\_\_\_\_

Insurance Company Mailing Address: \_\_\_\_\_

(Address, City, State, Zip)

Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

SS# of Policy Holder or Insurance ID#: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medications to be taken at camp: \_\_\_\_\_

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

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

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**Camp Wyoming Health Form**

*To be completed by HEALTH CARE PROVIDER*

Camper Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Reactions: \_\_\_\_\_

Please give date of last immunization for:

\_\_\_\_\_ TD (tetanus/diphtheria)

\_\_\_\_\_ Tetanus

\_\_\_\_\_ Polio

\_\_\_\_\_ DTP

\_\_\_\_\_ Rubella

\_\_\_\_\_ Measles or Rubeola

\_\_\_\_\_ Haemophitus influenza B

\_\_\_\_\_ Hepatitis B

\_\_\_\_\_ Vancella Zoster

\_\_\_\_\_ TB Mantoux Test/Results: \_\_\_\_\_

**(Must have current TD prior to camp)**

Past Medical History-(Include all surgical procedures) \_\_\_\_\_

**Physical Exam:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B/P: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ Temp: \_\_\_\_\_

	X if Normal	If Abnormal, Please Specify
HEENT	_____	_____
Cardiovascular	_____	_____
Respiratory	_____	_____
GI	_____	_____
GU	_____	_____
Neurological	_____	_____
Skin	_____	_____

Additional Information: \_\_\_\_\_

**The above named camper has had a health examination within the past 24 months.**

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

## Camp Wyoming Medication Sheet

Camper Name: \_\_\_\_\_ Session & Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<b>Medication:</b>							
Dosage:							
Instructions:							
Breakfast Y N							
Lunch Y N							
Supper Y N							
<b>Medication:</b>							
Dosage:							
Instructions:							
Breakfast Y N							
Lunch Y N							
Supper Y N							
<b>Medication:</b>							
Dosage:							
Instructions:							
Breakfast Y N							
Lunch Y N							
Supper Y N							
<b>Medication:</b>							
Dosage:							
Instructions:							
Breakfast Y N							
Lunch Y N							
Supper Y N							

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**Camp Wyoming Non-Prescription Medication Consent**

The following non-prescription medications are available at the Camp Wyoming Health Center. Please read over the list and initial those medications that you give the health officer authorization to give to your child. The medications will be administered as needed ONLY if initialed by the child's parent/guardian.

Camper Name: \_\_\_\_\_

<u>INITIALS</u>	<u>MEDICATION</u>	<u>DOSE</u>	<u>FREQUENCY</u>
_____	Tylenol 325mg	2 Tablets	every 4-6 hours
_____	Tylenol 160mg	2 Tablets	every 4-6 hours
_____	Ibuprofen (Motrin) 200mg	2 Tablets	every 6 hours
_____	Ibuprofen (Motrin) 100mg	1-2 Tablets	every 6 hours
_____	Cough Drops	1 Drop	every hour
_____	1% Cortisone Cream	Topical	every 4-6 hours
_____	Triple Antibiotic Ointment	Topical	as needed
_____	Aloe Vera (sunburn)	Topical	as needed

**REQUIRED PARENT/GUARDIAN CONSENT**

NON-PRESCRIPTION MEDICINES: I authorize the health office to administer the non-prescription medications that I initialed above in brand name or generic form if necessary for my child's comfort. Any medication not initialed by parent/guardian will NOT be administered to the child at any time.

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

Print Name: \_\_\_\_\_