

Thank you for registering your child for camp this summer. We hope they are looking forward to making friends, having fun, and growing in their faith. Listed below you will find more information regarding the camp session, what to bring, how & when to check-in, health forms, participation waivers 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, PARENT/COUNSELOR FORM, NON-PRESCRIPTION MEDICATION CONSENT FORM and ROPES COURSE WAIVER must be filled out and sent to the camp office two weeks prior to your child's 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 Procedure:**

Please note that we will be unable to properly care for your child prior to the start of camp registration. If you will be arriving late or other complications arise, please notify the camp office.

<b><u>Camp Session:</u></b>	<b><u>Check In Time:</u></b>	<b><u>Check In Site:</u></b>
Thrill Seekers One	Sunday 4:00 PM	PJ Shelter

### **Check In Involves:**

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

### **Check Out Procedure:**

<b><u>Camp Session:</u></b>	<b><u>Check Out Time:</u></b>	<b><u>Check Out Site:</u></b>
Thrill Seekers One	Saturday 10:00 AM	PJ Shelter

Please be sure to arrive at the designated departure times as staff will be unable to care for your child afterwards, unless pre-planned with camp management. If you will be arriving late or other complications arise, please notify the camp office. Check out involves signing out your child, picking up your child's medication and loading their personal belongings.

### **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. Camp Wyoming provides campers with natural treats they can make themselves like ice cream, popcorn, or Dutch oven brownies during daily snack time. There is no additional cost for these “natural treats” above & beyond the camp registration fee.

### **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 camp medication manager conducts daily sick calls and dispenses all medication. All medications must be deposited with the Medication Manager at check-in. Parents will be notified if a camper has an illness or injury that requires more than first aid care. Parents will also be contacted if questions regarding a health issue arise. Each family is responsible for covering costs of medical expenses incurred at camp. The camp insurance policy provides supplementary coverage for accident expenses, which exceed the family’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
School Backpack	Sandals for pool/shower	Paper/Pencil
One-piece Swimming Suit	Socks & Underwear	Hat
Pajamas (No revealing night wear)	Sweatshirt or Jacket	Caving Outfit
Raincoat or Poncho	Envelopes (stamped & addressed)	
Closed-toed shoes (2 pairs, one pair specifically for creekstomping and canoe trip)		

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

**Parent/Counselor Form**

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

This form is to be completed by the parent or guardian and will not be shown to your son or daughter, as this is strictly confidential. This information enables us to best serve your child.

Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Who lives in the home? Father \_\_\_ Mother \_\_\_ Brothers \_\_\_ Sisters \_\_\_ Other \_\_\_

If parents are divorced, who has custody of the camper during the camp session?

1. Has your child been away from home without parents for more than 4 days?
2. Your child makes friends: Easily    Fairly Easily    With Difficulty
3. Personality: Shy    Quiet    Leader    Bold    Independent    Aggressive    Hyperactive
4. Sleep Habits: Light    Heavy    Sleepwalker    Nightmares    Bedwetting    Falls from bed
5. Does your child have any special fears?
6. Swimming ability? Beginner    Intermediate    Advanced
7. Are there any activities from which your child should be exempt due to health reasons?
8. Please list some of your child's interests and hobbies:
9. Is there any additional information you would like us to know?

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During your child's experience at camp, the group may leave camp property for an off-camp excursion. We require your permission to transport your child. Please sign the authorization statement below.

I hereby give permission to camp personnel to transport my child on camp-related activities.

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

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**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

\_\_\_\_\_ Haemophilus 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							

# Camp Shalom

## Challenge Ropes Course Participant Health Information

The information provided on this form is confidential

Group Name: Camp Wyoming Thrill Seekers One Camp

Course Date: Summer 2009

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

### **MEDICAL HISTORY:**

Please use the back side of this form to describe in greater detail any "Yes" answer.

Are you currently under treatment for any illness or condition? YES NO

Are you currently taking any medications? YES NO

Do you or anyone in your family have a history of heart problems? YES NO

Are you allergic to anything (including bee stings)? YES NO

Have you been directed to carry an epi kit? If so, please bring it with you. YES NO

Are you pregnant? If so, how many weeks? YES NO

Do you feel forced into participating on this course? YES NO

List any injuries you have had, the year they occurred, and the current condition of the injury.

Note: Research has demonstrated that some Challenge Ropes Course activities can quickly raise heart and respiration rates in participants. People with heart and respiratory histories can be placed at extreme risk. You must consult your physician prior to participating if you have any heart or respiratory problems or history.

### **My signature below indicates I understand that:**

1. The Camp Shalom Challenge Ropes Course involves physically and mentally demanding activities.
2. Participation has certain risks including, but not limited to: bruises, scrapes, strains, and sunburn.
3. I will be called upon to support others both physically and emotionally.
4. I (my ward/child) am in good health, and I affirm that my (my ward's/child's) participation in the Camp Shalom Challenge Ropes Course activities will in no way aggravate any condition(s) present. If in doubt, I will seek further medical advice.
5. The information I have provided on this form is current, factual, and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give my child to participate in all challenge course activities, except as noted here:

I authorize the medical personnel or staff elected by the camp executive director to secure medical treatment deemed necessary for my child. You have my permission to treat my ward/child, in the case of a non-life threatening injury, without my presence.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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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: \_\_\_\_\_