

Thank you for registering your child for camp this summer. We hope they are looking forward to making friends, having fun, and growing spiritually and personally. 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 FORMS (one for the child and one for the adult) must be filled out and sent to the camp office two weeks prior to the camp start date. The Medication Sheets (one for the child and one for the adult) 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 Saturday at 10:00 AM and ends promptly at 10:30 AM. Check-in occurs at Deer Center. 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 you and your child.
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 to Medication Manager.
5. Purchase of any Camp Wyoming keepsake items or clothing.
6. After you have gone through the check-in process, you and your child may move into your cabin.

Check Out:

Check-out time is Sunday at 1:00 PM.

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.

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

Bath Towel & Washcloth

Shampoo & Soap

Comb or Brush

Shorts

Shoes (2 pairs, one will get wet & muddy)

One-piece Swimming Suit

Pajamas (No revealing night wear)

Raincoat or Poncho

Pillow

Pool Towel

Toothbrush & paste

Jeans or Sweatpants

Shirts

Sandals for pool/shower

Socks & Underwear

Sweatshirt or Jacket

Insect Repellent

Sunscreen

Bible

Flashlight

Water Bottle

Hat

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.

Camp Wyoming Health Form - Child
This side 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:** _____

I also understand and agree to abide by the restrictions placed on my camp activities.

Signature of camper _____ **Date:** _____

Camp Wyoming Health Form - Child (side 2)

This side to be completed by Health Care Provider to verify the camper has had a health examination within the past 24 months.

Camper Name: _____

Allergies: _____

Reactions: _____

Please give date of last immunization for:

_____ TD (tetanus/diphtheria)	_____ Measles or Rubeola
_____ Tetanus	_____ Haemophilus influenza B
_____ Polio	_____ Hepatitis B
_____ DTP	_____ Vancella Zoster
_____ Rubella	_____ 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: _____

Signature of Health Care Provider: _____ Date: _____

Camp Wyoming Medication Sheet

Camper Name: _____ Session & Date: _____

Allergies: _____

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

Camp Wyoming Health Form - Adult (side 2)

This side to be completed by Health Care Provider to verify the camper has had a health examination within the past 24 months.

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: _____

Signature of Health Care Provider: _____ Date: _____

Camp Wyoming Medication Sheet

Camper Name: _____ Session & Date: _____

Allergies: _____

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