

CAMPER PACK



AT IDYLLWILD PINES CAMP and CONFERENCE CENTER

www.idyllwildpines.org

www.Southwesternleadershipcamp.com

Southwestern Leadership Camp

“Summer Camp for Awana Scholars”

June 23 – June 29, 2024

Websites: www.idyllwildpines.org

www.Southwesternleadershipcamp.com

Camp Directors: Michael and Debra Sims, swlc@cox.net

Dear Camper,

We're already making plans for this coming summer ... Southwestern Leadership Camp at Idyllwild Pines Christian Camps is on the way!

THE BASICS

What is Southwestern Leadership Camp all about, you ask? It is a week (Sunday to Saturday) set aside by Idyllwild Pines Christian Camp, our host, for Awana students. It is intense spiritual growth, exciting fun, great food, fabulous friends, dedicated counselors, and adventures!

This is your time to be s-t-r-e-t-c-h-e-d in every way ... God will be molding you into His spiritual soldier. You will be memorizing verses from God's Word daily, involved in daily Bible lessons, taking part in evening devotions with your cabin mates, learning how to develop a personal quiet time each day with the Lord, and competing with your team in some crazy activities!

Southwestern Leadership Camp is for Awana clubbers who are, in the Fall of 2024, **entering** sixth grade or higher and have completed this year's materials by the end of your current club year. TREK students must have completed this year's TREK study (including reviews and summaries), and JOURNEY students must have completed this year's JOURNEY materials and summaries. All students must be able to do a Review (6 to 7 verses) in one sitting with no more than two (2) helps. Camp verses will be emailed to all parents and campers two weeks before the first day of camp.

Awana students will be divided into two (2) distinct camps with separate programs, teachers, and speakers ... JUNIOR HIGH CAMP is campers going into grades 6, 7, and 8. SENIOR HIGH CAMP is campers going into grades 9, 10, 11, 12, and those having just graduated high school that we call "Super Seniors."

THE EXPECTATIONS

All students accepted to attend camp are expected to participate in camp for the **ENTIRE** week. Each camper will be expected to:

- 1) complete the daily lessons
- 2) recite the daily verses (**word perfect, no helps**)
- 3) review the weeks' memory verses: five (5) to ten (7) Bible verses with no more than two (2) helps.
- 4) **ALL work must be completed by noon on Friday.**

All the above are required to be able to return to camp next year.

THE COST

The cost of camp this year will be **\$475.00** per student. Applications must be postmarked by your Camp Coordinator by **March 3, 2024**. Please adhere to your Camp Coordinator's deadline for submission.

- Your application must be accompanied by a **\$200.00 non-refundable** registration fee to be accepted.
- **Checks should be made out to your Awana church, NOT Idyllwild Pines.**
- Give your application and payment(s) to the Camp Coordinator at your Awana club.

Upon receipt of your acceptance letter to attend camp (by April 21, 2024), the balance of your camper fees (\$275.00) will be due immediately to your camp coordinator. Not doing so could jeopardize your spot at camp.

The camp fees cover a week (Sunday to Saturday) of camp including most activities. Many campers bring extra money for crafts, bookstore, snacks, and missions offering. A separate sheet listing these activities will be included with the acceptance letter.

REQUIRED FORMS

The following items make up a complete application:

- Registration Form - completed and legibly signed and dated by each required person
- Dress and Behavior Code Form – signed by both camper and parent
- Idyllwild Medical & Liability Release Form - completed and signed
- Southwestern Leadership Camp Release form - completed and signed
- **Photocopy of insurance card - front & back onto 8.5"x 11" paper**
- **Non-refundable application fee of \$200.00** made payable to your Awana church

Note: Incomplete applications may be returned to your club and jeopardize your spot at camp.

CAMP FEES SUMMARY

Required Forms: Request Additional Forms: swlc@cox.net www.Southwesternleadershipcamp.com	DEADLINE TO YOUR CAMP COORDINATOR (unless requested earlier by coordinator)
Completed Application and Dress Code Policy	March 1st
Registration Fee of \$200.00	Due with application
Remaining camp fee of \$275.00	Upon acceptance (May 1st)

If a reservation is cancelled, the applicant forfeits the registration fee or a replacement camper may take their place. If a reservation is cancelled after June 1st or if a camper does not stay for the entire camp, no refund can be given. A camper that is not accepted will be refunded their application fee. Please understand that Southwestern Leadership Camp is not equipped to handle special physical, emotional, or educational needs. All such circumstances need to be discussed with your Camp Coordinator prior to applying.

Pray that the Lord will do great things in the lives of all who attend. Our hope is that God teaches, humbles, stretches, squeezes, challenges, convicts, and rewards.

Thanks,

The Southwestern Team

Moreover Southwestern Leadership Camp is a member of Christian Scholars Camp Ministries Inc., (CSCMI), a Dimension Ministries Partner of 24-7 Ministries, the youth ministry of Awana."



IMPORTANT INFORMATION FOR CAMPERS WITH ALLERGIES OR ASTHMA AT SWLC

- 1) The RN's recommend that campers who use an "as needed" inhaler carry with them on their person. We have them put their own initials on it. **They will need to check it in with us at check in and then they are allowed to keep it with them. They need to let us know if they are using it more than normal or if they are having any breathing difficulties.**

- 2) There is no ER or Urgent Care in Idyllwild. If it becomes necessary we will either transport a camper to Hemet Hospital or call 911 in the case of a true emergency.

- 3) **WE DO NOT HAVE ACCESS TO AN EPI PEN UNLESS YOUR CHILD PROVIDES IT. THEY MUST CHECK THE EPI PEN IN WITH US FIRST AND THEN THEY ARE ALLOWED TO CARRY IT WITH THEM. IT IS SUPER IMPORTANT THAT THEY TELL US IF THEY HAVE ANY EPI PEN OTHERWISE WE HAVE NO IDEA ESPECIALLY IF A PROBLEM ARISES AND THEY NEED TO USE IT!!**
THE EPI PEN MUST HAVE A PHARMACY LABEL ON IT.
We do have a peak flow meter if they need to use one.

- 4) Campers with asthma and allergies at SWLC need for the most part to be self-managers and also have the ability to know when they need their medication or when they need to change their activity level to avoid any major difficulties with their allergies or asthma. We are more than happy to assist.

Southwestern Leadership Camp

REGISTRATION FORM/CAMPER APPLICATION

(Please use a pen and print clearly)

Applicant's Full Name: _____ Date of Birth: _____ Age: (at camp) _____

Name on nametag button if different from above (subject to approval): _____ Male ___ Female ___

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

Parent/Guardian Name: _____ Hm Ph: _____ Cell Ph _____

Parent Email: _____

Camper Email _____

Adult Shirt Size:(Please circle) S M L XL 2XL 3XL **Grade in Fall 2024:** (Please circle) 6 7 8 9 10 11 12 Grad

List ONE roommate preference in your grade level - use full name: _____ friend's church _____

What team were you on at camp last year? Red _____ Blue _____ Green _____ Yellow _____ N/A _____

If accepted to attend Southwestern Leadership Camp, I will complete my daily lessons, verses and review. I promise to obey the camp staff, the camp rules, and the camp dress code. I fully understand that if I disobey, I will be sent home and that my parent/guardian will be required to pick me up. I also understand that if I am sent home, I will not be allowed to return next year.

Camper's Signature (required for acceptance): _____ Date: _____

Parent/Guardian Signature (required for acceptance): _____ Date: _____

To Be Completed by AWANA DIRECTOR

Awana Church Name: _____ Awana Charter Number: _____

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

Name of Handbook/s completed this year: _____

Awana award to be earned this year: _____ OR Out of 10 books, which one was completed this year since 3rd grade? _____

NOTE: Returning students must complete one additional handbook/manual in the current progression this club year.

I confirm that this applicant has met the eligibility requirements and recommend him/her for this year's Southwestern Leadership Camp. I further confirm that the applicant and the applicant's family have completed this application and have provided all necessary signatures and information, and that I have not signed on behalf of the applicant or parents/guardians unless the applicant is my child.

Awana Director's Printed Name: _____ Awana Director's Signature: _____

Awana Director's Phone Number: _____ Awana Director's Email: _____

This section must be completed before acceptance will be considered.

To Be Completed by CAMP COORDINATOR

Camp Coordinator's Printed Name: _____ Camp Coordinator's Signature: _____

Camp Coordinator's Phone Number: _____ Camp Coordinator's E-mail: _____

We recommend that you keep a copy of this application for your records.

Southwestern Leadership Camp

CONSENT AND RELEASE OF LIABILITY FORM

(Please use a pen and print clearly)

THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Name of Camper: _____ Date of Birth: _____

I understand and agree that participation at Southwestern Leadership Camp is a privilege to which my child is not otherwise entitled. In consideration for that privilege, I am signing this Consent and Release of Liability for my underage child.

Release of Liability

Prior to participation in Camp activities, I acknowledge that my child's involvement in the Camp may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions. In addition, I understand that there may be other risks inherent in Camp activities of which I may not be presently aware.

By signing this Consent and Release of Liability, I warrant that my child is fully capable of safely participating in all Camp activities, and I expressly assume all risks of his/her participation, whether such risks are known or unknown to me at this time. I further generally release Southwestern Leadership Camp and their directors, officers, employees, volunteers, and agents, and other guests at the Camp, from any and all claims that I may have against any of them as a result of property damage or personal injury, illness or death as a result of participation in Camp activities, whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on behalf of my child, me, and the heirs, family, estate, administrators, executors, personal representatives and assignees of me.

The undersigned further acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that he/she, and/or the minor participant, may be exposed to or infected by COVID-19 by attending Southwestern Leadership Camp sponsored camp and activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Per the Centers for Disease Control and Prevention, COVID-19 is a contagious disease thought to be spread mainly from person-to-person. Although Southwestern Leadership Camp will put in place preventative measures to reduce the spread of COVID-19, it cannot guarantee that Participant will not come in contact with or become infected with COVID-19 or and other infectious diseases. I, as the legal guardian for myself or on behalf of the minor participant, understand that the risk of becoming exposed to or infected by COVID-19 at Southwestern Leadership Camp may result from the actions, omissions, or negligence of myself, the minor participant, and others, including, but not limited to, Southwestern Leadership Camp staff, counselors, and other participants and their families.

Other Releases and Acknowledgements

I understand that, while my child is participating in Camp activities, photographs, film, audio recordings and videotape of him/her may be taken for use in brochures, videos, releases to the press, and various Idyllwild Pines publications and other work product. I do hereby irrevocably grant Southwestern Leadership Camp permission to record, display and/or reproduce my child's name (first & last,) likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

I do also hereby understand that most counselors/staff serving with Southwestern Leadership Camp are considered mandated reporters and are bound by the California Code to report any statements that a child may make regarding any and all physical or sexual abuse which they may have suffered.

Signature

Print Full Name

Date

Phone Number

Address, City, State, Zip

E-mail

Emergency Contact

Phone

Southwestern Leadership Camp

Deference and Anti-Distracted Policy - KEEPING YOUR FOCUS

As a camp of leadership training, we strive to train our campers as leaders who will someday be in a place of submitting to authority and would seek the heart of this code over the letter of the law. We desire this to be guidelines to help alleviate distraction and teach deference to others, not just a list of dos and don'ts.

Everyone is expected to **conduct** themselves in a manner which reflects an atmosphere of the heart of a leader who seeks to submit to a dress code, not because our bodies are shameful, but because it encourages focus on spiritual things while we are at camp.

1 Corinthians 7:35

And this I say for your own profit, not that I may put a leash on you, but for what is proper and **that you may serve the Lord without**

Dress Code

- No visible undergarments. (This includes camisoles underneath)
- Shorts must be loose fitting and no shorter than the tips of your fingers when your shoulders are relaxed, and arms are hanging by your side. NO bicycle shorts.
- Skirts and dresses must be modest, (not tight and covering cleavage) and should be no shorter than (3) inches above the knee (approximately the width of a dollar bill above the knee).
- No leggings unless worn under appropriate length shorts or dress
- Clothing should cover the wearer's midriff, and for females, the cleavage; especially when leaning over.
- Tank tops should have a minimum of 2-inch seam on shoulder.
- No racer back cut tank tops
- While swimming:
 - Females: one-piece suit, covering cleavage, bust, and midriff areas.
 - A rash guard and board shorts are worn over only if no midriff is shown when arms are raised. A tee shirt over a two-piece suit will not be allowed.
 - Males: "boxer" style suits with at least five (5) inch inseam and nylon or mesh liner.
- No display of body piercing (other than earrings, in moderation, for females) please.
- No offensive clothing or tattoos which exhibit alcohol, drug, tobacco products, satanic symbols, inappropriate language, or other offensive displays.
- Footwear is required at all times except inside the bath houses, cabins, and while swimming. Athletic shoes are required for Team Activity Time.

If in doubt, ask your camp coordinator or leave it home. If you wear clothing not following these guidelines, you will be asked to change. Please do your best to avoid this need by asking beforehand.

Behavioral Standards

- Romantic activities are out of place at camp. Do not spend your days exclusively with one particular member of the opposite gender.
- Once the chapel service has started, do not leave your seat to visit the restroom.
- Once in dining hall or the chapel service remove hats, caps, visors.
- Use quiet voices while outside after dark.
- **Phone calls are not allowed. (All cell phones/wrist and other electronic devices will be confiscated. Please bring a watch or alarm clock.)**

By signing this code I acknowledge that I have read and understand this page and promise to adhere to these guidelines.

Camper Signature

Camper Printed Name

Date

Parent Signature

Parent Printed Name

Date

FOR **HIGH SCHOOL** CAMPERS ONLY

I, _____, do hereby understand that the following activities are a privilege and I am promising to uphold the standards set forth so that I may participate in them.

1. Early morning work-out swim for competitive swimmers to maintain a viable edge.

Talking must be kept to a minimum. Immediately after swim, you must return to your cabin.

Taps are still in effect.

2. Early morning jog/run for those in need of a defined course to maintain physical endurance for sports.

Keep in mind; this is a semi-supervised activity where runners run at their own pace within the town of Idyllwild. You must keep to the course set for you.

There will be NO visiting of the local establishments for any purchases of any kind.

After your run is complete, you must return to your own building for cool down and stretching.

Taps are still in effect once you have returned to the grounds.

Both Parent and Camper understand all the above statements and agree to abide by the principals set forth to maintain good conduct at camp.

Camper Signature

Parent Signature

Privileges may be revoked at any time should you compromise the standards



Participant Release of Liability Agreement

Name of Participant: (Print clearly) _____ **Date:** _____

Emergency Contact Name: _____ **Phone Number:** _____

In consideration for permitting participation in Idyllwild Pines Camp and Conference Center sponsored courses and activities, I, as the legal guardian for myself or on behalf of the minor participant, hereby represent, acknowledge and agree as follows:

Acknowledgement and Assumption of Risks:

It is acknowledged that there are certain risks and dangers in participating in activities conducted in either indoor or the outdoor setting, which cannot be eliminated without destroying the unique character of the activities. Exposure to natural elements such as extreme or inclement weather cannot be controlled and may be harmful. Injuries can occur from natural hazards including, wild animals, insects, reptiles, toxic plants, loose or falling rocks, sharp rock edges, wood splinters, falling trees, steep slopes, rugged terrain, flooding, ice and snow.

Individuals who participate in any camp activity or are using the challenge course will climb high rock walls, trees, ropes and wires, while attached to a rope protection system and wearing a helmet. While participating in these activities, the participant may slip or fall, which can lead to minor injuries or in extreme cases, more serious injuries, including permanent disability, trauma or death. The participant could experience vertigo or other mental impairment brought on by exposure to heights or fear of falling.

It is acknowledged that decisions made by the instructors and participants in a wilderness setting, based on a variety of perceptions and evaluations, which by their nature are imprecise and subject to errors in judgments. Lapses of judgment or the careless conduct of other participants may cause the participant injury.

The undersigned represents that he/she, and/or the minor participant, is in good health and in the proper physical condition to participate in the Activities. Participation in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include, but are not limited to: 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as broken bones, strains, joint or back injury, and concussions; and 3) catastrophic injuries including paralysis and death. The undersigned fully understands that the risks involved may be caused by his/her or the minor participant's own actions, those of other participants, the conditions in which the Activities take place, or the negligence of the Releasees named in this Agreement. Further, it is understood that there may be other risk either not known to myself or the minor participant or not readily foreseeable at this time. I, as the legal guardian for myself or on behalf of the minor participant, fully accept and assume all such risks and all responsibilities for losses, costs, and damages incurred as a result of participation in the Activities.

The undersigned further acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that he/she, and/or the minor participant, may be exposed to or infected by COVID-19 by attending the Idyllwild Pines Camp and Conference Center sponsored courses and activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Per the Centers for Disease Control and Prevention, COVID-19 is a contagious disease thought to be spread mainly from person-to-person. Although Idyllwild Pines Camp will put in place preventative measures to reduce the spread of COVID-19, it cannot guarantee that Participant will not come in contact with or become infected with COVID-19 or other infectious diseases. I, as the legal guardian for myself or on behalf of the minor participant, understand that the risk of becoming exposed to or infected by COVID-19 at Idyllwild Pines Camp and Conference Center may result from the actions, omissions, or negligence of myself, the minor participant, and others, including, but not limited to, Idyllwild Pines Camp and Conference Center employees, volunteers, and other participants and their families.

Release and Indemnity:

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or the minor participant (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I and/or the minor participant may experience or incur in connection with my and/or the minor participant's attendance at Idyllwild Pines Camp and Conference Center or participation in the Activities.

On behalf of myself and/or the minor participant, I hereby release, hold harmless and agree not to sue Idyllwild Pines, its respective directors, officers, employees, representatives, affiliates, volunteers, agents, contractors, and, if applicable, owners or lessors of premises on which the Activities take place ("Releasees"). With respect to any and all claims of injury, disability, death or other liabilities and loss of damage to person or property, asserted by or on behalf of participant or by parents or guardians, resulting directly or indirectly, from participating in Activities or the use of its equipment or facilities.

This release includes injury, loss or damage caused or claimed to be caused in whole or in part by the negligence of Idyllwild Pines and its agents. It is understood that in signing this document, rights are surrendered to make any claim or file a lawsuit against Idyllwild Pines and/or agents for personal injury, property damage, wrongful death, breach of warranty or contract, or under any other legal theory, except in cases in intentional wrongs or the gross negligence of Idyllwild Pines and/or its agents. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Idyllwild Pines and/or its agents, whether a COVID-19 infection occurs before, during, or after participation in the Activities.

Medical Waiver: In the event of injury or illness while I and/or the minor participant is engaged in any Activities, the undersigned hereby authorizes Idyllwild Pines Camp and Conference Center to consent to medical treatment on behalf of myself and/or the minor participant as deemed necessary. The undersigned hereby authorizes Idyllwild Pines Camp and Conference Center and its officers, employees and agents, into whose care myself and/or the minor participant has been entrusted, to consent to the advice of trained emergency personnel. The undersigned understands and agrees that he/she and/or the minor participant is advised to obtain health insurance coverage prior to participation in any Activity and that he/she and/or the minor participant will be responsible for any medical expenses arising out of any injury or claim arising out of Activity participation.

This release shall be binding to the fullest extent permitted by law. If any provision of this agreement is found to be unenforceable, the remaining terms shall be enforceable. This agreement will be interpreted and construed according to the laws of the State of California, and in the event of any legal action relating to this agreement or any of the subject matter covered by it, such legal action will be initiated, maintained and decided only in Riverside County, California.

The participant, and the parent(s) or guardian of a minor participant, have each read this document, had the opportunity to ask questions, and understand and voluntarily agree to its terms, which shall be binding upon them, their heirs, estate, executors and administrators. The parent or guardian confirms that they have the authority to make this commitment. The undersigned fully understands that with this assumption of risk, release and waiver of liability and indemnity agreement, that the undersigned is giving up substantial rights in connection therewith, and that its terms are contractual, and not a mere recital. The undersigned acknowledge that he/she is signing this agreement freely and voluntarily.

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Print Name _____

In the event of an emergency, if family physician cannot be reached, I hereby authorize myself or my child to be treated by Certified Emergency Personnel.

Signature of Parent/Guardian or Participant _____ Print _____

Date _____

Photo and Video Release

I give Idyllwild Pines Camp permission for any photos or videos taken of myself/child for the duration of the stay to be used at Idyllwild Pines camp's discretion in any of their promotional venues.

Signature of Parent/Guardian or Participant _____ Print _____

Date _____



ESTABLISHED 1923

EXPERIENCING RENEWAL | DISCOVERING TRUTH | TRANSFORMING LIVES

26375 STATE HWY 243 P.O. Box 425 IDYLLWILD CA 92549 PHONE: 951-659-2605 EMAIL: INFO@IDYLLWILDPINES.COM WWW.IDYLLWILDPINES.ORG



Dates will attend camp: from **JUNE 23 2024** TO **JUNE 29, 2024**
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete **pages 1, 2 and 3** of this form (FORM 1) and **make a copy.**
- 2) Send **ALL original signed FORMS** along with camp registration pages and a copy of child's medical insurance card (both sides)

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: () ()
Email: _____

Home Address: _____
(if different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: () ()
Email: _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name: _____ Relationship to Camper: _____ Preferred Phones: () ()

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other

PLEASE CHECK IF YOUR CHILD WILL HAVE AN EPI-PEN AT CAMP

(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition:

- This camper eats a regular diet. This camper eats a regular vegetarian diet. This camper is lactose intolerant. This camper is gluten intolerant.
- Other, **please explain in space.**

Restrictions:

- I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
- I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.
(Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number () _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name
First
Middle
Last
(For Camp Use) Cabin or Group

CAMPER HEALTH HISTORY FORM 1

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (*) immunizations must include date to meet ACA Standard. **Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.**

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test	Date: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
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If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any medications, inhalers or epi-pens while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.

Cross out those the camper should not be given.

- | | |
|-------------------------|--|
| Tylenol | Zyrtec |
| Motrin | Calamine lotion |
| Benadryl | Lice shampoo or cream (Nix or Eliminate) |
| Delsym cough medication | Neosporin antibiotic ointment |
| Tums | Aloe Vera Gel (plain) |
| Halls cough drops | Aloe gel with Lidocaine |
| Cepacol Lozenges | Icy hot gel |

****PLEASE DO NOT SEND ANY OVER THE COUNTER MEDICINES UNLESS IT IS NOT ON THIS LIST****

CAMPER HEALTH HISTORY FORM 1

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | | | |
|--|--|--|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- | | |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?.....
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____	Phone: (_____) _____
Name of dentist(s): _____	Phone: (_____) _____
Name of orthodontist(s): _____	Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Keep a copy for your records.