

**WISCONSIN DISTRICT UPCI  
2018 FAMILY CAMP**

Camp dates are July 1-6, 2018

1. Read the CAMP RULES & Guidelines before having your pastor sign your registration form.
2. Fill out the REGISTRATION FORM completely. The form must be signed by your pastor to be complete. *A Pastor affiliated with the Wisconsin District UPCI must sign ALL registration forms. Any changes to an application must be initialed by the signing Pastor or by direct communication to the Camp Registrar.*
3. Anyone desiring to work at Family Camp must fill out the *Staff Application form, a health form, and an authorization for criminal record check & background check* and mail it to:  
WI District UPCI, PO Box 670, Reedsburg, WI 53959

Staff forms must be mailed no later than Wednesday, May 31, 2018

4. A HEALTH SCREENING is required for the following people:
  - Anyone under the age of 18 who is staying on the campgrounds
  - ALL Camp Staff

Note: The camp nurse will be available to give Health Screenings during the office hour posted at at the Nurse's Station if you wish to have your screening done at camp. There is a charge of \$10.00 per person (*no charge for camp staff*). If you wish to have the camp nurse sign your health form, fill it out completely and mail it with your registration form to the camp registrar by June 6, 2018

5. Fill out the *rate sheet* and mail it with your registration, health form (if applicable) and full payment or credit card information to:

**WI District UPCI  
Camp Registrar: Sis. Paula Herman  
PO Box 670  
Reedsburg, WI 53959**

*An additional charge will be added for anyone who is not immediate family.  
Please refer to the rate sheet to figure the cost.*

*Immediate Family: one family - mother, father and children who are dependents of those parents, adult children are not considered immediate family.*

If you have any questions, please feel free to call Sis. Paula Herman at the District Office during business hours at (608) 495-6300 or e-mail her at: [widistrictsec2sec@gmail.com](mailto:widistrictsec2sec@gmail.com)  
*Refer to Family Camp in the memo please.*

6. *Per camp rules, no sites will be reserved until the funds are received.*  
If using a credit card, approval must go through before reservations will be made.
7. ALL PRE-REGISTRATION FORMS MUST BE POSTMARKED NO LATER THAN WEDNESDAY, JUNE 6, 2018
8. Consider your requested room/site reserved unless you hear otherwise from the District Office. If you prefer a confirmation, please note that on your registration form and include an e-mail address. Confirmations will only be sent via e-mail upon request.
9. Absolutely no Family Campers, Trailers or tents will be allowed on grounds until Friday, JUNE 29 after 3 p.m. If you intend to take advantage of early check-in, you **MUST** pre-register for early check-in. An additional charge will be added for those checking in early. (Please see the rate sheet for amounts.)

**WISCONSIN DISTRICT - UPCI  
2018 FAMILY CAMP  
SCHEDULE**

7:00 AM	<b>Prayer</b> <i>Under the direction of Rev. Michael Hook and the WI Revival Commission</i>	Tabernacle
8:15 - 9:00 AM	Breakfast	Dining Hall
9:30 AM	Pre-Service Prayer	Tabernacle
10:00 AM	<b>Morning Bible Class</b> <i>Morning Bible Teacher –Dr. James Littles</i>	Tabernacle
 <b>Children's Classes</b>		
	Ages 3-5 Ages 6-11 <i>Children 3-5 may be brought to class at 9:50 a.m. All classes will be dismissed at 12 Noon. Small children are to be picked up by their parents ONLY!</i>	Dining Hall - West Children's Chapel
12 Noon	<b>Choir Practice</b> <i>Immediately after morning service</i> <i>Directed by Libbi Solberg</i>	Tabernacle
4:15—5 p.m.	Supper – Served until 5 p.m.	Dining Hall
7:00 PM	<b>Evening Service</b> <i>Evening Evangelist – Rev. Jason Sciscoe</i>	Tabernacle
7:00 PM	<b>Children's Church</b> Ages 5-11 <i>Children's Evangelists— Rev. Daniel &amp; Sis. Marilyn Gums</i>	Children's Chapel

*Be sure to take time during this week to check out the great 9 hole disc-golf course.  
Stay on the grounds during the afternoon and check out the canteen specials  
for lunch and for great late night munchies!*

## 2018 WI District Family Camp Rates & Registration Form

**Send To:** Paula Herman/Camp Registrar      **OR Email To:** widistrictsec2sec@gmail.com  
 PO Box 670  
 Reedsburg, WI 53959

*(It is preferable if you register online at Access ACS. Go to upciwisconsin.church to begin)*  
 (Weekly rates include 6 nights accommodations and 2 meals/day, Monday—Friday)

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

### CAMPING ACCOMODATIONS

RV SITE	Daily Rate	Weekly Rate	Qty	Total
20 AMP Site/30 AMP Site/50 AMP Site	\$45	\$250	x _____ =	_____
Rate includes up to 4 occupants total				

TENT SITE	Daily Rate	Weekly Rate	Qty	Total
TENT SITE—Primitive (no electricity or water)	\$20	\$110	x _____ =	_____
TENT SITE (electricity and/or water)	\$35	\$195	x _____ =	_____
Rate includes up to 4 occupants total				

ADDITIONAL CAMPERS FOR RV & TENT SITE	Daily Rate	Qty	Total
Each additional occupant on site (ages 5 & over)		\$4	x _____ = _____
Each additional occupant on site (ages 0-4)		FREE	

ADULT ROOM	Daily Rate	Qty	Total
Maximum 4 occupants		\$25	x _____ = _____
Meals NOT included - MUST PURCHASE ALL MEALS for each person, for each day			
Check-in Sunday (no early check-in, except for staff)			

GROUP DORM	Daily Rate	Qty	Total
Maximum 4 occupants		\$15	x _____ = _____
Meals NOT included - MUST PURCHASE ALL MEALS for each person, for each day			
Check-in Sunday (no early check-in, except for staff)			

PRIVATE GROUP DORM - <i>Limited availability for larger families only</i>	Daily Rate	Qty	Total
Rate includes 5 or more occupants. Occupants MUST BE related.		\$30	x _____ = _____
Meals NOT included - MUST PURCHASE ALL MEALS for each person, for each day			x _____ = _____
Bunk beds only available			
Check-in Sunday (no early check-in, except for staff)			

MEAL TICKETS: Breakfast & Supper/Monday-Friday	Daily Rate/Per Person	Qty	Total
Adult Meal Ticket (ages 12 & up) - 2 meals/day		\$17	x _____ = _____
Child Meal Ticket (ages 7-11) - 2 meals/day		\$8	x _____ = _____
Child Meal Ticket (ages 3-6) - 2 meals/day		\$5	x _____ = _____
Infants/Toddler (ages 0-2)		FREE	

WEEKEND CHECK-IN (Pre-registration Required. Tents & Trailers ONLY)	Daily Rate	Qty	Total
Add <i>one</i> daily rate from RV Site rates above (\$20, \$35 or \$45)		x _____ =	_____

HEALTH SCREENING	Daily Rate	Qty	Total
<b>LATE FEE if mailed after June 1, 2018</b>	\$10	x _____ =	_____
Miniature Golf Package-Unlimited Golf for all registered members of your family	\$20	x _____ =	_____
Firewood @ \$5 per bundle ( <i>includes delivery to your site prior to your arrival</i> )	\$25	x _____ =	_____

**ENCLOSED IS A CHECK/MONEY ORDER IN THE AMOUNT OF:**      **TOTAL:**      \$ \_\_\_\_\_

**OR PAY BY CREDIT CARD:**  
 Please charge my  MasterCard    Visa    Discover    American Express

\_\_\_\_\_  
 (PRINT NAME as it appears on card above)

\_\_\_\_\_  
 (Card Number)

Expiration: Month \_\_\_\_/Year \_\_\_\_ CVV: \_\_\_\_ Billing address zip code: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Cardholder

Pay here

# 2018 Wisconsin District Family Camp Registration

PLEASE PRINT Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_

Spouse *(if attending)* \_\_\_\_\_ Age \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Pastor \_\_\_\_\_ Home Church \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_ Phone \_\_\_\_\_

**ACCOMMODATIONS REQUESTED**

ADULT ROOM

PRIVATE GROUP DORM *(Families only)*

BOY'S DORM UNDER 18

BOY'S DORM OVER 18

GIRL'S DORM UNDER 18

GIRL'S DORM OVER 18

TENT SITE

TRAILER SITE *WITHOUT A/C HOOK UP*

TRAILER SITE *WITH A/C HOOK UP*

**PLEASE CHECK WHAT YOU ARE BRINGING:**

Special Requirements: *(ie. length of trailer, etc)* \_\_\_\_\_

Please give the following information regarding your driving vehicle:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

If you are requesting an adult room, tent site or trailer site, please list the first & last names of all person staying on your site if not immediate family, please include relationship on name line.

1) \_\_\_\_\_ Age \_\_\_\_\_ family non-family 5) \_\_\_\_\_ Age \_\_\_\_\_ family non-family

2) \_\_\_\_\_ Age \_\_\_\_\_ family non-family 6) \_\_\_\_\_ Age \_\_\_\_\_ family non-family

3) \_\_\_\_\_ Age \_\_\_\_\_ family non-family 7) \_\_\_\_\_ Age \_\_\_\_\_ family non-family

4) \_\_\_\_\_ Age \_\_\_\_\_ family non-family 8) \_\_\_\_\_ Age \_\_\_\_\_ family non-family

**Camp Rules:** *I and all those listed on this form, if able, have read and agree to abide by the camp rules.*

Main Camper's Signature: \_\_\_\_\_

**Pastor's Authorization:**  
 ALL registration forms must be signed by a pastor affiliated with the Wisconsin District UPCJ before this form will be accepted by the registrar. Any changes made to this form must be initiated by the pastor or be approved by direct communication with the camp registrar.  
*The above mentioned camper(s) is associated with our church and has my recommendation to attend the Wisconsin District Camp.*

**Mail to:** WI District UPCJ Camp Registrar  
 PO Box 670  
 Reedsburg, WI 53959  
 Registration Deadline: Postmark by June 6, 2018

Pastor Signature: \_\_\_\_\_

**All Camp Staff** MUST fill out the **Staff Application** form, authorization for criminal record check and background questionnaire and mail it to WI District Camp—Attn: Sis. Herman, PO Box 670, Reedsburg, WI 53959

*All staff applications & background check forms MUST be postmarked no later than May 31, 2018*

# Wisconsin District UPCI— Family Camp Info & Guidelines

## REGISTRATION

1. All pre-registration forms must be received by the District Office no later than **Wednesday, June 6 or incur a \$20 late fee.**
2. **All** registration forms must be signed by a Pastor affiliated with the WI District UPCI. Any changes to an application must be initiated by the Pastor or by contacting the Camp Registrar.
3. Attendance in the morning and evening services is expected.
4. No lodging or sites will be reserved until full payment is received by the Registrar along *with* a signed registration form.
5. Persons of the opposite sex may not room together unless married or related family members. This includes all RV sites, tent sites, and rooms.
6. Check out time for all sites/dorms is 1:00 pm. If the site/dorm is not cleaned and vacated on time, a late fee of \$10.00 will be applied.
7. Should lightning strike the campground, the WI District UPCI is NOT responsible for damage done to RVs or appliances. A surge protector is strongly recommended. You are encouraged to unplug appliances when not in use.

## RV SITES/TENT SITES

1. All those who plan to park an RV in the RV park, or set up a tent in the tent site, must register with the Camp Registrar. Pre-registration is required for those who wish to check-in on Friday or Saturday before camp begins. *Additional charges will be added for Friday/Saturday. (There is NO early check-in for dorm rooms, except for staff.)*
2. The person registering for any site must be 18 years of age or older and be part of the group staying at that site. The registered person assumes full responsibility for the group.
3. All trash from trailer/tent areas should be put directly in the dumpsters located east of the office area, near the silo. Please **DO NOT** place your trash in the restroom receptacles. Under NO CIRCUMSTANCES should anything be left behind on check-out day that the campground needs to pay to have it disposed of. (Example: microwave, refrigerator, grill, carpet, LP tanks, etc.) If so, the registered person will be charged to cost of disposal.
4. An RV dump station is located near the Pines restrooms. Please contact the caretaker if you need assistance.
5. Campfires are permitted as long as they are contained in an acceptable container (e.g. fire-pit or grill) It is NOT PERMISSABLE to transport firewood onto to campgrounds from outside areas due to the spread tree diseased. *(See attached Firewood Movement document)*
6. Firewood may be purchased at the camp store near the basketball courts or by reservation on your registration form.
7. PLEASE DO NOT burn garbage in the firepits.
8. Only 2 vehicles max are allowed at each site in the RV park. Any additional vehicles can park in the parking area near the tabernacle. You may not park your extra vehicles in a site that you have not registered for.

## ROOMS/DORMS

1. Single persons must be at least **21** years old to rent an adult room . A married couple under 21 may rent an adult room.
2. When renting an adult room/dorm, you will need to bring: all bedding (bed pad, sheets, blankets), towels, toiletries, modest clothing for trips to and from the shower/restroom areas. Bed sizes are double, with most rooms also including twin bunks.
3. Beds or furniture MAY NOT be moved from room to room. If it is necessary for furnishings to be moved, you must receive permission from the office first.
4. Check-Out: Rooms/Dorms should be cleaning prior to check-out. This includes: vacuum/sweep, empty trash, close windows, turn off lights & AC/Heat, remove ALL personal items (including under the bed), remove all food from refrigerator, and clean sink, if applicable. All rooms will be inspected after camp and a fee of \$25.00 will be charged for any rooms/dorms left uncleaned.
5. If there are repairs or concerns with your room, please report them to the camp office in writing on the check-out list that will be posted on your door before the end of camp. Check-out forms should be left at the camp office before leaving the campgrounds.
6. If there are issues with any restroom or shower area, please contact the camp office during the day, or security personnel who will contact maintenance.

7. All registered persons are required to lodge in the room/dorm assigned to them at the time of registration. In the event a change is desired, it must be approved by the Camp Registrar prior to relocating.
8. If you rent a dorm room, you may not store personal items in another empty room that you have not paid for.
9. **Meal tickets MUST** be purchased if you are in a dorm room. No reduction in rates will be given if you choose to eat meals off-site. Meals are served for 45 minutes after meal time begins. Please be considerate of the kitchen staff and be on time. Shoes are required (*by law*) to be worn in the dining room.

## STAFF

1. All staff must fill out proper screening forms and will undergo a professional background check conducted by an appointee of the WI District UPCI.
2. Staff may arrive at camp early only if approved by the camp registrar and only if it is necessary to work prior to camp beginning.
3. Staff will be assigned to a room or group dorm depending on availability. Registered campers will be considered first.
4. Staff persons receive complimentary lodging. Their spouses and children must pay registration rates as listed the on registration form unless they are *working staff*.
5. Staff members may bring a tent or trailer for housing. Those on the site who are not staff will be expected to pay registration rates as listed on the registration form unless they are *working staff*.
6. Staff members are expected to attend services as their work schedule allows. Department heads will determine schedules for each staff member in their area.
7. Kitchen, canteen and sanitation workers are **REQUIRED** by the WI Health Department code to have sturdy close-toed shoes. Tennis shoes are acceptable, but a leather shoe is preferred.
8. **GOLF CARTS** are provided for certain staff and administration of the camp. **Drivers of golf carts must be 18, insured, and have a valid drivers license. This will be strictly enforced.** Each staff member will be required to sign an agreement that carts will not be misused. Staff will be assigned a cart as determined by the camp office. **The cart may NOT be driven by ANYONE unless permission received by the Camp Registrar. By signing the agreement form, you are accepting ALL LIABILITY for that cart assigned to you.**

## MEDICAL SCREENINGS—ALL campers under 18 years old & Staff

**All** kitchen personnel, counselors, administrative personnel, and people under the age of 18 staying on the campground must have a health screening. The Health Screening form is to be presented at the time of check-in at the camp office and will be kept on file on the campgrounds for 12 months. The Health Screen form is required by the State of Wisconsin Department of Health & Social Services.

## CURFEW

### ADULTS STAYING IN DORMS, TENTS OR RVs:

After lights out has been announced for single dorm areas, campers are required to be in their dorms, tent or trailer. Loud talking or excessive noise will not be tolerated. Camp security has the right to determine "lights out time" and to allow exceptions to responsible adults.

### CAMPERS UNDER 18 IN DORMS, TENTS & TRAILERS

-All single dorms will be provided with sign-out sheets for those wishing to leave the grounds in the afternoon. Single campers, under the age of 18, **not accompanied by a parent or guardian**, must have written consent from a parent or legal guardian before This must be given to the camp office before permission to leave the camp ground will be granted.

-Forms for parent or guardian permission may be obtained from your local pastor or the Camp Registrar.

-No one under the age of 18 may leave the campgrounds **after evening service** unless accompanied by a parent or the authorized guardian named on the written consent form.

-Each under-18 year old camper is to be in their dorm will all lights off once "Lights Out" is announced over the public address system. Camp security/Staff will make a nightly check of each group dorm. If a parent or guardian is on grounds young people that have proper authorization may leave, but must be back on campground by 12:00 am/midnight.

**SINGLE CAMPERS OVER 18** are permitted to leave the campgrounds after the evening service; however, they must register the sign-out sheet and be back in the dorm by 1:00 am.

**All visitors to the campgrounds must leave by 1:00 am.**

**CHRISTIAN CONDUCT**

Conduct should always be that which is becoming to a Christian. Since Christian conduct is the Bible's rule and subject to interpretation, the Camp Administration reserves the right to define "Christian Conduct."

1. Unmarried couples are not permitted beyond the mowed camp area. At night they must stay within the lighted zones.
2. Boys are not permitted to escort girls to their dorms and vice versa.
3. MP3 players, radios, phones and CD players are acceptable, please play music that glorifies God and keep noise levels comfortable for those around you. Devices used to play ungodly music/videos etc. can be confiscated.
4. Televisions are not permitted.
5. All campers wishing to sing in the camp choir must comply with the camp dress code policy. Both men and ladies shall follow the applicable guidelines of the WI District Music Ministry.

**PETS**

NO pets are allowed during family camp except registered service dogs, trained for the physically impaired or search and rescue dogs.

**LAUNDRY MAT**

There is a public laundry mat located on the east side of the dining hall. Please do not leave your laundry unattended for long periods of time. If a problem arises, do not remove another's laundry from the machines, please contact the office staff to resolve the matter.

**TELEPHONE**

A calling card phone is available in the hall outside the office. *The office and kitchen phones are not to be used by campers.*

**CAMPFIRES**

All campfires are to be confined within an approved grill or "firepit." Firewood is available for purchase at the camp store. Please do not burn garbage in the firepits. There is a public fire pit near the volleyball courts, and the camp caretaker will start a fire for you in that location.

**FIREARMS & FIREWORKS**

Absolutely no guns, bow & arrows, or weapons of any other kind are allowed on the campgrounds. Fireworks (legal or illegal) are not permitted on the campgrounds. Authorized camp personnel are permitted to search the living quarters and vehicles of suspected violators. Any violator will forfeit the privilege of attending any of the District Camps for the balance of the year in which the violation occurs and for the following year.

**SMOKING, ALCOHOL, DRUGS**

Smoking, alcoholic beverages and recreational drugs are not permitted on the campgrounds. Authorized camp personnel are permitted to search the living quarters and vehicles of suspected violators. Any violator will forfeit the privilege of attending any District Camps for the balance of the year and the following year.

**NURSES STATION (Infirmary located in the camp office complex)**

- Medical staff is on-duty at all times.
- Office hours will be clearly posted.
- If you have an emergency off-hours, contact the camp office, security or kitchen staff who will locate medical personnel.
- Those under 18 years old, without a parent on grounds, and who have prescription medications, are required by WI State law to store their medications in the camp Infirmary and medical staff will administer it at the prescribed times.

**TRAFFIC & SPEED LIMITS**

1. The speed limit is 5 miles per hour on all camp roads.
2. Motor vehicles with excessive muffler noise are not permitted on the campgrounds.
3. No person is allowed to ride on the exterior of any motor vehicle, example: trunks, hoods, etc.
4. All vehicles must display a registration parking permit. The permit must be placed on the rearview mirror facing forward.

**Registered Camper Dress Policy**

**Everyone:**

- Clothing with suggestive or inappropriate logos or slogans is not to be worn.
- Clothing with writing on the buttock area, earrings, body piercing, bracelets and necklaces should not be worn. Only promise, engagement and wedding rings are allowed.
- Bracelets that hold medical info are also allowed.

**Ladies:**

- Skirts and dresses should fall below the knee
- Inappropriately tight or ripped clothing is not allowed.
- Necklines should be modest and abdomens should not show with movement.
- No sleeveless or capped sleeve tops are permitted.
- Pants, gauchos, shorts (even baggy shorts), should not be worn. Modest culottes, below the knee may be worn during times of recreation.

**Men:**

- Shorts, cut-offs, capris and inappropriately tight or ripped pants are not to be worn.
- Muscle shirts, tank tops and capped sleeves are not to be worn; in addition the abdomen should not show with movement.
- Hair is to be an appropriate short length. If staff feels hair is unacceptable they may ask that it be cut.

**CAMP AND PERSONAL PROPERTY**

- Benches, chairs and tables around the campground should not be moved without permission of camp staff.
- Graffiti to camp property is not accepted. Violators may be prosecuted.
- Please keep your valuables with you or locked in a vehicle at all times. Security regularly patrols the campgrounds during all services and throughout the night.
- The camp is not responsible for personal property that is misplaced or stolen due to it being left unattended.

**WHAT TO BRING:**

***The following list contains suggestions for what to bring to camp for a pleasant stay.***

**Adult Dorm Room or Group Dorm**— sheets (*bed pad if desired*) double for adult room, twin for group dorms, sleeping bag / blanket, pillow, towels, alarm clock, extension cord, fan, cooler.

**Clothes:** Casual clothes for morning services and during the day, moderately dressy clothes for evening services. Nights at camp get chilly, so a sweatshirt or light jacket is recommended.

**Personal Care Items:** Appropriate robe as you must go outside to use most bathrooms, shower shoes/flip flops, deodorant, shampoo, soap, towels, toothbrush, men: razor etc.

**Miscellaneous Items:** Bug spray, sunscreen, umbrella, hand held-fan for church, Kleenex, safety pins, clothes pins.

**Recreation:** sand volleyball courts, horseshoe pits, a 9-hole disc golf course (discs available at the camp office), Baseball field, obstacle course, BMX bike track, playground area for children. Bikes may be ridden on roads on the campgrounds and on the BMX track. There is also a public camp fire ring. Activities are planned for children each afternoon near the volleyball courts. In case of rain, listen for announcements.

# Wisconsin District Camp Health Screening

## SECTION 1: PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home Church: \_\_\_\_\_ City: \_\_\_\_\_  
Pastor: \_\_\_\_\_ Pastor's Phone: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Insurance Carrier Phone: \_\_\_\_\_  
Policy number: \_\_\_\_\_

## SECTION 2: EMERGENCY CONTACT

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## SECTION 3: HEALTH HISTORY (Y=YES, N=NO) Are you subject to:

\_\_\_\_ Frequent Colds      \_\_\_\_ Sinus Trouble      \_\_\_\_ Seizures      \_\_\_\_ Allergies  
\_\_\_\_ Sleep Walking      \_\_\_\_ Bed Wetting      \_\_\_\_ Fainting      \_\_\_\_ Asthma

Treatment for any above conditions:

\_\_\_\_\_  
\_\_\_\_\_

Have you had: (Y=YES, N=NO)

\_\_\_\_ Rheumatic Fever      \_\_\_\_ Scarlet Fever      \_\_\_\_ Head Lice, if so last occurrence?  
\_\_\_\_ Chicken Pox      \_\_\_\_ Appendicitis      \_\_\_\_ Hernia      \_\_\_\_ Mumps  
\_\_\_\_ Tuberculosis      \_\_\_\_ Heat Exhaustion      \_\_\_\_ Polio

\_\_\_\_ Breathing/Lung Disorder explain: \_\_\_\_\_

\_\_\_\_ Heart Trouble, if so, medication used: \_\_\_\_\_

\_\_\_\_ Sugar Diabetes, if so, is insulin used? \_\_\_\_ YES \_\_\_\_ NO Insulin Type: \_\_\_\_\_

Other Diabetes medication used: \_\_\_\_\_

Does camper have allergic reaction to: \_\_\_\_\_

\_\_\_\_ Drugs, please list: \_\_\_\_\_

\_\_\_\_ Animals, please list: \_\_\_\_\_

\_\_\_\_ Food, please list: \_\_\_\_\_

\_\_\_\_ Stings, please list: \_\_\_\_\_

List treatment for stings: \_\_\_\_\_

Does camper carry a bee sting kit? \_\_\_\_ YES \_\_\_\_ NO Location of kit: \_\_\_\_\_

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

**SECTION 3: HEALTH HISTORY (CONT.)**

Are you currently taking any medications?  YES  NO. If yes, please list medications, dosage and reason for taking. Medications MUST be kept in the nurse's station if the camper is not with a parent and MUST be in original pharmacy bottle with label intact (exception - asthma inhaler). (Please fill out page 9 if your child will be keeping medication with the nurse)

Any recent exposure to communicable diseases?  YES  NO If yes, please explain: \_\_\_\_\_

Description of any physical condition requiring special attention: \_\_\_\_\_

Any specific activities to be restricted?  YES  NO If yes, please explain: \_\_\_\_\_

Does the camp nurse have permission to give you:

Tylenol:  YES  NO      Ibuprofen:  YES  NO      Aspirin  YES  NO

Anti-histamine:  YES  NO      Decongestant:  YES  NO

Please list any other conditions/situations that camp staff should know about the camper: \_\_\_\_\_

Date of last Tetanus shot (**\*\*\*REQUIRED\*\*\***): \_\_\_\_\_

Are immunizations current?  YES  NO If no, please explain: \_\_\_\_\_

This health history is correct so far as I know, and is up to date as of the last 90 days. The person herein described has permission to engage in all prescribed camp activities except as noted. Emergency Authorization: I hereby give permission to the medical personnel selected by the camp officials to order x-rays, routine tests and treatment for me or my child, as in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me or my child as named above. I hereby give permission to transport me or my child for medical assistance. This form may be photocopied for use at camp. I understand that I am responsible for payment of all medical treatments received from non-camp sources. I also give permission for the camp medical staff to administer over-the-counter medications to my child that I have approved on page 2 of this form. I also give permission for my child to participate in all camp activities.

**Signature (**\*\*\*REQUIRED\*\*\***):** \_\_\_\_\_

**SECTION 4: MEDICAL SCREENING – By Certified Medical Personnel (**\*\*\*REQUIRED\*\*\***):**

I have screened the above applicant and approve of his/her participation in the physical and out-of-doors activities of the camp program.

Please list any restrictions or concerns: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date: \_\_\_\_\_



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

Please list all medications taken including time and dosage

Medication	Time taken	Dosage

Please indicate if camper has any allergies: Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please list what they are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_