

Health Information

Santa Claus United Methodist Church Camp July 8 - July 13, 2018

This certificate is to be completed and signed by a parent or guardian within five days before the camp opens. **This from MUST BE BROUGHT TO CAMP with the camper.** Parents are responsible for calling health needs to the attention of the camp. A physician is welcome to fill in this form if the parent wishes.

Camper's Name _____ Nick Name _____ Age _____ M F _____

Home Address _____ Height _____ Weight _____

City/State/Zip _____ Phone _____

Mom's Name _____ Dad's Name _____

Parent's Work Phone _____ Emergency Contact Name and Phone _____

Camper's Physician _____ Physician's Phone _____

ALLERGIES: (please describe below what the camper is allergic to and the reaction seen)

Medication Allergies _____

Food Allergies _____

Enviromental Allergies (insect stings or bites, poison ivy, hay fever, etc)

Any Others (please be specific) _____

DIET & NUTRITION: Camper has no restrictions _____ Vegetarian _____ Lactose Intolerant _____
Gluten Free _____ Other _____

IMMUNIZATIONS: All Campers Must Have Had a Tetanus Shot Within the Last Ten Years.

Date of Tetanus Shot: _____ Are All immunizations Current (yes or no) _____ If No, why? _____

Has there been any recent exposure to a contagious disease? (yes or no) _____ If Yes, what? _____

GENERAL HEALTH HISTORY: Please Circle the Numbers of All that Apply

- | | |
|--|---|
| 1. Has been hospitalized | 11. Has fainting or dizzy spells |
| 2. Has had surgery | 12. Has passed out or chest pains with exercise |
| 3. Has recurrent/chronic illness | 13. Has had "mono" in the last 12 months |
| 4. Has had a recent infectious disease | 14. Has problems falling asleep or sleepwalking |
| 5. Has had a recent injury | 15. Has back or joint problems |
| 6. Has asthma/wheezing/shortness of breath | 16. Has a history of bedwetting |
| 7. Has diabetes | 17. Has problems with diarrhea or constipation |
| 8. Has headaches | 18. Has skin problems |
| 9. Has seizures | 19. Has traveled outside of the US in the last 9 months |
| 10. Wears glasses or contacts | 20. If female, has has problems with menstruation |

Please explain, noting the numbers, here - for number 19, list all countries _____

MENTAL, EMOTIONAL & SOCIAL HEALTH: (please circle yes or no)

Has the camper:

- | | | |
|---|-----|----|
| 1. Been treated for attention deficit disorder or attention deficit/hyperactivity disorder (ADD & ADHD) | YES | NO |
| 2. Been treated for emotional or behavioral difficulties or an eating disorder | YES | NO |
| 3. Seen a professional to address mental or emotional health concerns (in the past 12 months) | YES | 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, etc) | YES | NO |

Please explain any "YES" answers below, noting the number. The camp may contact you for additional information.

Is this a first time camper? YES NO

How might we best handle homesickness?

Any other information that will help ensure the safety and comfort of this camper?

EMERGENCY INFORMATION:

IN CASE OF AN EMERGENCY, I understand every effort will be made to contact me. In the event I cannot be contacted, I hereby give permission to the physician selected by the camp director or site manager to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

Signature of Parent or Guardian

Date this Form was Filled in and Signed

Emergency contact other than the one listed on the previous page:

Name Phone

Name of the Insurance Company covering the camper

Policy Number Phone

Medications Authorization and Release

Please Sign & Bring to Camp

Camper's Name: _____

Allergies: _____

REGULARLY SCHEDULED MEDICATIONS

Medication Name	Date Started	Reason Needed	When is it Given	Dose to be Given	How is it Given
1					
2					
3					
4					

All medications (with the exception of inhalers for severe asthma) will be kept by the camp nurse and distributed to the camper at the proper times.

Listed below are some medications commonly kept in stock. Please cross out any medications you DO NOT WISH FOR YOUR CHILD TO RECEIVE. No medications will be given without signed consent of the parent.

Acetaminophen (Tylenol)
Antihistamine / allergy medicine
Sore throat spray
Antibiotic cream
Aloe
Saline eye drops

Ibuprofen (Advil or Motrin)
Guaifensin cough syrup (Robitussin)
Generic cough drops
Calamine Lotion
Tums

Parent or legal guardian releases Santa Claus United Methodist Church of any legal liability resulting from the above medications.

Signature _____

Date _____

RELEASE FORM

Camper's Name _____

PARTICIPANT GUARANTEE OF HEALTH COVERAGE AND HEALTHINESS

I represent, assert and covenant to CHURCH that my child, being a minor un 18 years of age, has eligible health insurance that will cover any accidents or injuries that may be suffered while engaged in the Events. I also warrant and affirm that my child is physically able to engage in the participated activities, and I hereby assume the responsibility of physical fitness and capacity to take part, in any manner whatsoever, in the participated activities.

EMERGENCY MEDICAL TREATMENT AND OTHER PROVISIONS

In the event that emergency medical treatment is required due to illness or injury during my child's participation in camp, I authorize the Church to secure and retain medical treatment and transportation, if necessary. The authorization alluded to herein includes x-rays, surgery, hospitalization, medication, and any other treatment procedure to be deemed, by the attending physician, for the purposes of saving one's life. However, the expenses or costs incurred in such an event will be the responsibility of the undersigned, and not the Church. This provision shall only be invoked if the child and all emergency contacts are unable to consent for treatment.

LIABILITY RELEASE (Release of all Claims)

In consideration for being accepted by the Santa Claus United Methodist Church - for participation in Church Camp, we(I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant, if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless the Santa Claus United Methodist Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while the said child is participating in Church camp. Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

MEDIA RELEASE

I, the undersigned, do hereby consent and agree that Santa Claus United Methodist Church, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child and to use such photographic likenesses of my child in any and all media, nor or hereafter known, including specifically, but not limited to, the Church's website on the World Wide Web. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary. I hereby release to Santa Claus United Methodist Church, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims or interest I may have to control the use of my child's identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me or my likeness, either for initial or subsequent transmissions or playback. I also understand and agree that Santa Claus United Methodist Church is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I HAVE READ THE ABOVE RELEASE, UNDERSTAND WHAT I HAVE READ AND SIGN IT VOLUNTARILY.

I HAVE READ AND AGREE TO THIS RELEASE

Signature _____

Printed Name _____

Date _____

If the above-named person is a minor, the undersigned hereby acknowledges and agrees to this Release for and on behalf of said minor, and acknowledges, agrees and certifies that the undersigned are the legal guardian(s) of the above-named minor.

I HAVE READ AND AGREE TO THIS RELEASE

Signature of Parent/Guardian _____

Printed Name _____

Date _____

I HAVE READ AND AGREE TO THIS RELEASE

Signature of Parent/Guardian

Printed Name

Date

WARRIOR CAMP INFORMATION

JULY 8 TO JULY 13, 2018

This year at Warrior Camp we are purposely training and equipping our campers with God's personalized weaponry: **The Sword of the Spirit** (God's Word) and prayer.

So to get into the spirit of our theme, our campers will have fun creating their own "swords". Campers will also explore the Warrior-Heart-of-Jesus and, in the process, discover their own Warrior-Heart-for-Jesus.

Check-In Time:

- ➡ Sunday, July 8th
- ➡ 4:00 to 5:00 PM Central Time

Details:

- ➡ All medication must be brought in its original labeled container and given to the camp nurse at check-in
- ➡ Please have all Medical Forms and Release Forms completed and signed
- ➡ At registration you will receive contact information for sending notes or care packages, emergency phone numbers, etc.
- ➡ The Camp Address is:
 - Your Campers Name
 - Historic Santa Claus Campground
 - 16670 North 625 East
 - Santa Claus, IN 47579
- ➡ You will find directions to the campground at: www.historicsantaclauscampground.org

Baptisms:

- ➡ Campers who wish to be baptized at camp should sign up at registration
- ➡ Friday, July 13th
- ➡ Approximatey 4:30 PM Central Time

Details:

- ➡ The campers participating will need their parent's permission BEFOREHAND. Permission slips will be available at registration
- ➡ Parents are welcome to attend. Parents and campers will need to meet with the camp Pastor prior to the baptism (4:00 PM in the Tabernacle)
- ➡ After the baptism, participating parents may stay for the picnic.

Closing Celebration Time:

Friday, July 13th
6:00 PM Central Time

Details:

- ➡ You will experience a taste of what your campers received during the week of camp
- ➡ The Celebration will last about an hour and campers are free to leave afterwards

WHAT TO PACK

Bring Things Like This -

Sleeping bag or bedding for a twin size bed
Pillow
Bath towel and personal toiletry items such as soap, shampoo, toothbrush, etc.
Swimsuit, pool towel, sunscreen, flipflops, bugspray, etc
Tennis/athletic shoes
Clothes for the week such as sweat shirts, a jacket, etc.
Pajamas, underwear, extra socks
Flashlight
Stamped, addressed envelopes, pens or pencils

Optional Items to Bring -

Hat or sunglasses
Camera
Book for Horizontal Time
A loved stuffed animal
Favorite jokes

Do Not Bring Things Like This -

Food
Valuables
Non-prescription or OTC medications
Gaming devices, MP3 players, etc.
Cell phones
Inappropriate clothing
Knives or weapons of any kind

MISCELLANEOUS INFORMATION

Camp Meals -

Warrior Camp only offers a standard menu. We do not offer celiac friendly or vegetarian menus at this time. If the camper has special dietary doctor-directed meal concerns, please contact our head camp chef before the start of Camp - Jodi Kamman at melindakamman@yahoo.com

Cost -

\$240.00. The registration AND payment deadline is June 24th or when all of the spaces are full.

You can send the registration and payment to:

Santa Claus UMC
Attention: Warrior Camp
351 North Holiday BLVD
Santa Claus, IN 47579

Included in the Cost -

a Tee Shirt
All meals
Snacks
Lodging
Swords (made by the campers)
Bibles
and LOADS of FUN!

How to Register -

www.santaclausumc.org/kingdom camp or by picking up a form from the Church office

Camp Photos -

You can view pictures of your camper during the week by visiting the camp Facebook page:
<https://www.facebook.com/scumckindomcamp>

If You've Got Questions -

Please contact Sally Schaaf at 812-937-2420 or at k.schaaf@sbcglobal.net

Warrior Camp Scholarship Request Form

As members of the Body of Christ, the Santa Claus United Methodist Church believes that Elementary Camp is not only a benefit to our youth but may also be a life transforming experience. For that reason, we will provide scholarships to those families who need financial help sending their child to the Santa Claus Elementary Camp.

Please provide the information below with your financial need.

One Form Per Child Please

This form must be returned to the church office **no later than three weeks** prior to the camp start date.

Parent's Name

Phone

Camper's Name

Email

Address

Parent's Signature

What is Your Need?

Warrior Camp	\$240.00	Your Portion
Quarter Scholarship	\$60.00	\$180.00
Half Scholarship	\$120.00	\$120.00
Three-Quarter Scholarship	\$180.00	\$60.00
Other Scholarship	\$ _____	\$ _____
Full Scholarship	\$240.00	\$0.00

All scholarships are kept confidential. We're happy to extend the opportunity for your child to attend Camp.

Please return this request along with the camper registration form to the Church office no later than **three weeks prior to the camp start date.**

Checks may be made out and mailed to:

Santa Claus United Methodist Church (SCUMC)
351 North Holiday BLVD
Santa Claus, IN 47579