

Spruce Lake Wilderness Camp

RR 1 BOX 605 CANADENSIS, PA 18325 Winter Phone: 570-595-7505 x151 Summer Phone: 570-595- 8800



2008 Camper Health & Safety Form

Complete, sign, and return the Health & Safety Form at least 3 weeks prior to camp

Dear Parent,

Thank you for trusting Spruce Lake Wilderness Camp for your child's camping experience. Enclosed is the Camper Health & Safety Form, your Statement of Account, and a magnetic card with all the information you should need to contact us and use the features on our website www.wildernesscamp.org. The Parent Information Letter and Camper Letters are available to be viewed and printed from the web but if you desire a mailed copy simply request one from the Contact Us section online or at 800-822-7505x151.

We have made some improvements to our web site and want to encourage you to visit Parent's Place if you have not done so already. Parent's Place is a section of our web site devoted to providing parents the tools and information they need for a successful camping experience. Features include:

- A "Parent Information" section that can be searched by topic, viewed, and printed.
- A "Forms" section for viewing and printing forms such as Camper Letters, Campership (financial assistance) Applications, Registration Forms, and Health and Safety Forms.
- An "E-mail your Camper" section that we will print off and deliver daily during the summer season.
- A "Photo Gallery" for your son/daughter's camp week that is password protected.
- A "Meet the Staff" section that introduces various Wilderness Camp Staff.
- A "Camp Evaluation" section that allows you to evaluate the camp experience for your son/daughter.

Following this cover page is our Health and Safety Form. In addition to health information, it also includes Camp Policies, Permissions Granted, Liability Release, Authorized Persons with whom we can release a camper, and more. It is a significant document, please don't hesitate to call or E-Mail with questions.

Thanks again!

Kent Kauffman
Wilderness Camp Director

- √ **Review your financial statement** to confirm financial and registration details and **let us know of discrepancies.**
- √ **Look over the parent information on-line.** We answer common questions and tell you about how we operate.
- √ **Look over the camper letter on-line for your son/daughter's week of camp** as it includes important information on what to bring, some program details, and our clothing modesty statement.
- √ **We are mailing you the health and safety form** because of its significance. Your camper(s) will need immunization records up to date, a health exam within 24 months of attending, and a tetanus booster within 10 years of attending. The Health & Safety Form only needs to be signed by a doctor if your child is taking prescription medication (including inhalers and epi-pens) regularly or at the time of camp attendance.
- √ **Contact us if: You are aware of any current issues** that arise after the health form is submitted such as a recent injury or illness, psychiatric issues, or traumatic events (parental issues, death). **You made arrangements for someone to pick up your child** not specified on the Health & Safety Form. **You are planning to visit camp** while in operation for any reason and let us know in advance. Please understand visiting with your son/daughter will not be permitted while camp is in session. **We've called you while your child is here a camp.** Call back in a timely fashion. **You have travel related issues** that affect your arrival or pick-up times of your camper.

ALL sides of this form must be entirely filled out and mailed three weeks prior to the week of camp.

New in 2008! In addition to the Parent(s)/Guardian(s) listed on the registration, **the following person(s) are Authorized to Pick-Up** _____ **(write camper's full name here)** from Wilderness Camp or the bus traveling from Wilderness Camp. Please clearly print one name per line.

Parent/Guardian Signature(s) _____ Date: ____ / ____ / ____

2008 Spruce Lake Wilderness Camp

Camper Health & Safety Form



USE ONLY (circle week of camp)

Camp: T1 A1 DPC DM T2 N1 DW A2 N2
 Tent #: _____
 Couns: _____
 GPS EB1 BPS WV BL EB2 BST EG1 CBH NE DC

GENERAL CAMPER INFORMATION

CONFIDENTIAL

Camper Name _____ Gender ___ M ___ F
 Age (at camp time) _____ yrs. Birth date: mo. ____/dy. ____/yr. ____
 Address _____
 City _____ State _____ Zip _____
 Camper's Primary Home Phone (____) _____ - _____

We respect your privacy. This form is intended to provide necessary medical information to care for your child well. It is reviewed by the nursing staff and your child's counselor(s). In the event of an emergency it may also be reviewed by medical personnel, camp administration and transportation personnel. Office Staff preview the form only for completeness.

*** Insurance information is required since each camper is covered by limited accident and medical insurance. You may attach a copy of the front and back of insurance card.**

Medical Insurance Carrier _____
 Policy # _____ Group # _____
 Insurer's Phone (____) _____ - _____

GUARDIAN / EMERGENCY CONTACT INFORMATION

Parent or Guardian _____
 Address _____
 City _____ State _____ Zip _____
 2nd Parent or Guardian _____
 Address _____
 City _____ State _____ Zip _____

Additional Phone Numbers for Parent or Guardian:
 (____) _____ - _____
 (____) _____ - _____

Additional Phone Numbers for 2nd parent or Guardian:
 (____) _____ - _____
 (____) _____ - _____

If above are not available in emergency, notify
 Emergency Contact _____
 Relationship to camper _____

Primary Phone: (____) _____ - _____
 Additional Phone: (____) _____ - _____

HEALTH CARE

Physician's Name _____ Business Phone (____) _____ - _____
 Date of Last Health Exam*: ____/____/____.

**We do not require a new Physical exam, as long as it was done within 24 months of camp attendance. If health exam is not current, further documentation is required. You must contact the Wilderness Camp office prior to 3 weeks before camp.*

Dentist / Orthodontist Name _____ Business Phone (____) _____ - _____

IMMUNIZATION HISTORY

DO NOT write "current" or "up to date". American Camp Assoc., PA Dept. of Health, and Monroe County require dates (month/year).

You MAY attach a copy of your child's immunization record directly to this form.

<u>Vaccine</u>	Mo./Yr.	Mo./Yr.	Mo./Yr.	Mo./Yr.	Mo./Yr.
Diphtheria and Tetanus Toxoids and pertussis (Dtap, DTP, Td, DT, or Tdap) .	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____
H. Influenzae Type b (Hib)	_____	_____	_____	_____	_____
Inactivated Polio	_____	_____	_____	_____	_____
Pneumococcal Conjugate (PCV, Prevnar) .	_____	_____	_____	_____	_____
Measles-mumps- Rubella	_____	_____	_____	_____	_____
Varicella (varivax) (Chicken Pox)	_____	_____	_____	_____	_____
	_____ immunization	_____	_____	_____	_____ had disease

* Last tetanus booster: ____/____/____

Others if apply to your circumstances:

Hepatitis A _____

Meningococcal _____

Other _____

Last Tuberculosis test _____

(ppd or tine) result _____

*** We must** have date of last tetanus booster to! If it has been more than 10 years since receiving a tetanus booster, it must be renewed prior to camp. If immunizations are not practiced by your camper, further documentation is required; you **must** contact the Wilderness Camp office **prior to 3 weeks** before camp.

Last Name, First Name

HEALTH HISTORY	CAMPER NAME:	
<p><u>ALLERGIES (indicate severity of all that apply)</u></p> <p><input type="checkbox"/> None of the below</p> <p>Mild: no medication required (ex: rash resolves on its own) Moderate: medication may be required (ex: Benadryl for hives) Severe: life threatening (ex: carries a bee sting kit) Required to bring!</p> <p>Specify _____ Mild Moderate Severe</p> <p>Animals _____ Hay Fever _____ Insect Sting _____ Medication _____ Other _____</p> <p>Elaborate on Allergies, if necessary...</p>		<p style="text-align: center;"><u>FOOD Allergies & Dietary Restrictions</u></p> <p><input type="checkbox"/> No Food allergies or dietary restrictions</p> <p>Accommodations can be made for <u>food allergies, vegetarians, or kosher ONLY</u>. It is <u>important</u> that you contact Spruce Lake Wilderness Camp 3 weeks prior to camp so that we have time to make necessary arrangements. If you do have food allergies, we need to know what foods cause what reaction and how dramatic the reaction is.</p> <p>Please list food restrictions or allergies and any medical interventions necessary (epi-pen, benadryl):</p>

CONDITIONS & DISEASES (check all that apply)

<p><input type="checkbox"/> None of the below</p> <p>_____ Frequent Ear Infections _____ Heart Defects / Disease _____ Convulsions / Epilepsy _____ Bleeding / Clotting Disorder _____ HIV Positive _____ Behavioral _____ _____ Other _____ _____ ASTHMA _____</p>	<p>_____ Diabetes _____ Hypertension _____ Mononucleosis _____ Hepatitis</p>	<p>Elaborate on conditions/diseases. If necessary, clearly indicate if the camper is under a Physician's care for condition and how it <i>may or may not</i> affect involvement in camp activities:</p>
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Print MEDICATIONS to be given while at camp in the space provided.

NOTE: All medications must be in their original container with original label and given to the Camp Nurse. Do NOT send non-prescription medication **unless** they are to be taken on a regular basis. Our camp Physician has authorized Spruce Lake Wilderness Camp to administer common over-the-counter medications as needed.

Please check (1) one: My child _____ may take ibuprofen (same as Advil or Motrin) _____ may not take ibuprofen (same as Advil or Motrin)

We are providing no additional medications.

Signature of Licensed Medical Personnel* _____ ** Date _____

* Defined as Medical Doctor, Doctor of Osteopathy, Licensed Nurse Practitioner, or Licensed Physician's Assistant only.
 **Required for PRESCRIPTION medications *only*.

Printed Name _____ Title _____

Address _____ Phone (_____) _____

Medication	Dosage	Circle Times Needed					
_____	_____	AM	Noon	EVE	BED	As needed	Other _____
_____	_____	AM	Noon	EVE	BED	As needed	Other _____
_____	_____	AM	Noon	EVE	BED	As needed	Other _____

Indicate below any **additional** limitations of participation, conditions, or instructions, about your son/daughter, that you wish his/her counselor to be aware (use and attach an additional sheet of paper if necessary).

I as the legal guardian of the individual referred to in this document as camper, give permission for the release of medical records in the case of illness/injury. I also give permission to the Camp Nurse, Camp Trip Guides and/or his/her designate to administer the medication as listed on this form, to perform treatment for minor injuries and illnesses, and to perform first aid in the case of more serious injury. Also, I give permission to the Spruce Lake Wilderness Camp Director, Trip Guides and/or designates to allow hospital personnel and/or a licensed physician to perform emergency treatment and administer emergency medications. This authorization shall remain in effect for the duration of the above-mentioned minor's stay.

The information provided in this form is true and correct to the best of my knowledge. I understand that should there be a change in any information in this 'Camper Health & Safety Form' document, it is my responsibility as parent/ guardian to inform Spruce Lake Wilderness Camp of that change.

Parent/Guardian Signature(s) _____ Date: ____ / ____ / ____

Camp policies, Permissions Granted , Assumption of Risk, and Liability release

Camp Policies: Cancellation Policy- Upon registration the \$50 deposit is considered non-refundable. Within two weeks and before the Friday prior to the registered week of camp you will be eligible for a 50% tuition refund. If we are not informed of your cancellation by the Friday prior to the beginning of camp, the full tuition & bus fee for that week of camp will be forfeited. **Camper Contact Policy-** Parents/friends are asked not to have direct contact with campers while camp is in session. **Health and Safety policy-** A completed Health and Safety Form is required for your child to participate fully in camp. **Camper Dismissal Policy-** Only authorized persons will be permitted to pick up a camper from camp. *For further information on the last three policies, see the parent information section found of our website.*

Permissions Granted: Permission to Participate - I as the legal guardian of _____ (write full camper name) give permission for my son/ daughter to fully participate in the program of Spruce Lake Wilderness Camp for which my child is registered. Many activities scheduled for certain camp weeks may be found by visiting **on-line at www.wildernesscamp.org or call us for more details.** My permission extends to all of the activities associated with that session of camp, *except as noted by me on the Health & Safety form.* My child's participation is purely voluntary. **Permission to be Transported** - I give permission for my son or daughter to be transported by approved camp staff and vehicles for camp activities and/or emergency medical treatment. **Permission to use Photographic and Video Images-** I give Spruce Lake Wilderness Camp permission to use photographs and or video footage that may include my son or daughter in Wilderness Camp publicity.

Assumption of Risk- My permission is given with the understanding that, though Wilderness Camp staff will make reasonable efforts to ensure the safety and wellbeing of my child there are inherent risks associated with participating in a camp program. These risks, however slight the chances of occurrence, cannot be reasonably eliminated.

There are many sources of risk including but not limited to any of the following: Environmental exposure associated with severe weather, and encounters with animals and plants. Risks associated with programmed and non-programmed activities including recreational games and play, elective activities, vehicular travel, and other outdoor activities (swimming, hiking, target sports, boating, mountain biking, wood working, fire-building, outdoor cooking, sports, programmed night games).

Similar "Adventure Program" related hazards exist related to activities like Rappelling, Climbing, Challenge Course, High Ropes Course, Power Swing, Vertical Playpen, and Zip Lines, while additional risks include equipment failure, and participant or facilitator error resulting in injury. Finally, there are general risks associated with the behaviors and actions of other participants, employees and agents of Spruce Lake Wilderness Camp, and other individuals.

Additional Risks (Must be signed for campers in Expeditions Programs): additional risks include an increase exposure to the environmental and vehicular travel hazards. They also include risks associated with participation in one or more of the following outdoor activities including but not limited to: backpacking, cave exploration, lake or river canoeing, rock climbing, ocean swimming, mountain biking, and white water rafting. I(we) also understand that many of these activities will take place in areas that are more remote than Spruce Lake and access to medical care might seem unduly long. Some of these activities may be led by professionals contracted by Spruce Lake Wilderness Camp, and I agree to complete any and all additional Agreements required by those organizations.
Expedition Parent / Guardian Signature(s) _____ **Date** ____ / ____ / ____

Agreement to provide Medical information- I affirm that I have provided all of the medical information requested within the **Wilderness Camp Health & Safety Form** and understand that it is my responsibility to provide the camp with information that may be instrumental in providing for the health care needs of my child. I understand that Wilderness Camp is in a rural location and access to local advanced emergency care is limited and emergency response and travel time might seem unduly long relative to urban or suburban standards.

Liability Release- In consideration of the permission granted the herein named child to participate in Wilderness Camp activities, I indemnify Spruce Lake Wilderness Camp and hold the camp harmless of any claim brought on behalf of the named child. I hereby release, and covenant with, Spruce Lake Wilderness Camp that I will never, individually or as legal guardian of said child, institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by, or arising out of camping and other related activities sponsored by Spruce Lake Wilderness Camp, Spruce Lake Retreat, Franconia Mennonite Camping Association, its successors and legal representatives.

My signature below indicates that I have read the Camp Policies, Permissions Granted, Assumption of Risk, Agreement to Provide Medical Care, and the Liability Release. I understand them, and agree to be bound by the terms specified. Furthermore I, as parent or legal guardian of the above named minor, certify that the personal and health information provided is both complete and correct.

Parent/Guardian Signatures _____ / _____ **Date** ____ / ____ / ____

Clearly Print Above Names _____ / _____