

FORMS NEEDED FOR YOUTH CAMP GRADES 2-12

☺ Camp forms are due no later than May 15--we welcome early forms ☺

This packet contains ALL camp forms. To save paper and conserve resources, please print just those forms needed for your camper, using back-to-back printing when possible. Forms can be mailed to St. Andrew, Attention Camp Registrar, 13600 Technology Dr, 55344, OR faxed to 952-949-2242 OR emailed to sperkins@standrewlu.org.

Blue = needed for EVERYONE

- Health Evaluation Form** (2 pages)
 - Immunization Record
 - Copy of Insurance Card
- Cabinmate Request Card**
- Final Payment due no later than 1 month prior to camp session**
final payment = CAMP COST - DEPOSIT + Camp DVD (if desired, \$15)

Green = needed for some campers, see description

- Asthma History** (if camper has asthma) (2 pages)
- Food allergy questionnaire** (if camper has a food allergy)
- Change in Transportation Form** (if camper is NOT riding the bus TO or FROM camp)

Forms Explanation

1. Health Evaluation Form (parent completed). A physical examination is required every 2 years. If your last physical was before June 15, 2008, you must see your doctor prior to attending camp. A copy of the examination does not need to be included. Please turn in the Health Form even if waiting for your current physical to be completed.
 - a. Immunization Record -- an up-to-date listing of all immunizations. A copy can be obtained from your doctor's office (or may be available online), or you can photocopy your own records. St. Andrew does not provide a "form" to record the immunizations.
 - b. Copy of the Insurance Card -- both sides; please attach to the health form.
2. Cabinmate Request -- your chance to tell us the names of one or two friends you'd like to be in a cabin with. Not going to camp with a specific friend? No problem--we'll put you in a cabin of great campers! (Please turn in the form, with your request listed as "Anyone".)
3. Asthma History -- only if camper has asthma
4. Food Allergy Questionnaire -- only if camper has a food allergy
5. Change in Transportation Form -- only if you're being driven to or from camp

ALL CAMP FORMS CAN BE FOUND AT www.standrewlu.org/camping.shtml

The 2010 resident camping fee for campers at SPIRIT IN THE PINES is as follows:

- **Way Walkers** (June 23-25, July 6-8, July 21-23) = **\$175**
- **Son Searchers I** (June 15-18 for 3rd-5th grade) = **\$230**
- **Son Searchers II & III** (July 11-16, August 1-6) = **\$295**
- **Faith Finders** (June 20-25, July 18-23, August 8-13) = **\$295**
- **Spirit Seekers** (June 27-July 2, July 25-30) = **\$315** (includes a \$20 special activity fee)

2010 SPIRIT in the PINES Camper Health Evaluation Form

This Health Evaluation Form is **required** for each camper and must be turned in to the Camp Registrar **by May 15**. Please fill this form out completely including the "Consent for Non-Prescription Medications" and sign it. **A physical examination is required every 2 years. If your last physical was before June 15, 2008, you must see your doctor prior to attending camp.** A copy of the examination does not need to be included with this form. **A current copy of your child's Immunization Record must be attached.**

DATE OF CAMP WEEK _____

Camper's Full Name _____ M or F Age _____ Birth Date _____
(Circle one)

Address _____ City/State _____ Zip _____

Parent/Guardian _____ Phone (H) _____ Work/Cell _____
(Circle one)

Second Parent/Guardian _____ Phone (H) _____ Work/Cell _____
(Circle one)

Emergency Contact Person _____ Phone _____

Physician's Name _____ Phone _____

Clinic Name _____ Phone _____

Health Insurance Information

Insurance Carrier _____ Group # _____

Carrier Address _____ Phone # _____

Name of Policy Holder _____ ID # _____

Birth date of Policy Holder _____ *please attach copy of insurance card*

IMPORTANT: IN CASE OF MEDICAL EMERGENCY, I understand that the camp staff will attempt to contact me or my Emergency Contact Person. In the event that I or my Emergency Contact Person cannot be reached, I give permission to the Physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above. I understand that I am fully responsible for all payments incurred for such treatment. I also understand that Medical and Hospital insurance is not provided by St. Andrew Lutheran Church or SPIRIT in the PINES Camp. All information on this Health Evaluation Form is accurate and true to the best of my knowledge.

Activities at Spirit in the Pines may include, but are not limited to active outdoor games, swimming, floating raft, canoeing, boating, group building course, and off-site activities. All activities are staffed and supervised to ensure safety. I understand the risks involved in such activities, and give permission for my child to participate in all activities.

I also give permission for my child's picture to be taken at camp and used for promotional/keepsake purposes. I understand that my child's name will not be used in conjunction with the photo.

SIGNED _____ **DATE** _____
Parent or Guardian

Date of Last Physical Examination _____ Height _____ Weight _____
(For medication dosage purposes)

1) Does the camper have any allergies? Yes No
(Circle one)

Please list if "Yes" _____

if food allergy is listed, please complete the Food Allergy Questionnaire and attach to this form

2) Has the camper recently been exposed to any contagious diseases? Yes No
(Circle one)

Please list details if "Yes" _____

PLEASE DO NOT SEND YOUR CHILD TO CAMP IF HE/SHE IS ILL.

3) Is the camper taking any medication which must be continued at camp? Yes No
(Circle one)

If "Yes", list medication(s) _____

(Attach a separate sheet if necessary)

The medication must be clearly marked with the camper's name and dose instructions in the original container. Any change to original instructions requires a signed note from the parent/guardian stating those changes. The camp health professional or camp director will dispense all medication.

For the safety of all Campers, Counselors and CIT's, and in accordance with Minnesota Department of Health Guidelines, medication must not be packed in luggage. All medications must be turned in at the check-in table at St. Andrew before departing for camp. It is not necessary to bring over-the-counter medications, as they are available at the camp Health Office. (See list of available medications below.)

6) Are there any health restrictions on the camper's activity? Yes No
(Circle one)

Please state details if "Yes" _____

7) Are there any health restrictions on the camper's diet? Yes No
(Circle one)

Please state details if "Yes" _____

8) Does the camper have any medical/behavioral/social problems the camp should be informed of? Yes No
(Circle one)

Please list details if "Yes" _____

If Asthma is listed, please complete the "Asthma History and Treatment" form and attach it to this form.

9) Other information helpful to camp staff _____

Consent for Non-Prescription Medication

I hereby give SPIRIT in the PINES Camp permission to administer any of the following over-the-counter medication(s) that are checked. Medications will be dispensed in accordance with the directions for age appropriate use on the container. Please check all that apply.

_____ Acetaminophen (Tylenol)	_____ Ibuprofen (Advil)	_____ Sunscreen
_____ Cold Medication (antihistamine/decongestant)	_____ Cough Suppressant	_____ Cough Lozenges
_____ Tums	_____ Pepto-Bismol	_____ Imodium A-D
_____ Eye Drops	_____ Ear Drops	_____ Insect Repellent
_____ Benadryl	_____ Topical Itch Cream (Hydrocortisone)	_____ Poison Ivy Cream

Parent/Guardian Signature _____ Date _____

**Remember to attach a current copy of your child's Immunization Record
AND a copy of the Health Insurance Card, both sides.**

CABINMATE REQUEST

Your Name _____ Camp Date _____

Every camper must complete a *Cabinmate Request Card*.

Remember that camp is about making new friends and meeting new people!

We guarantee your first choice if the person you have chosen as your first choice lists you as their first choice. We will also make every effort to honor your second choice (if you have one).

EVERYONE please return this card to the camp office at St. Andrew Church at least three weeks before your week of camp. All late arriving cards will be processed to the best of our ability, but with no guarantees.

1st Choice _____

2nd Choice (optional) _____

****Put me with anyone!** _____

ASTHMA HISTORY & TREATMENT FORM

SPIRIT in the PINES Camp

Child's Name _____ Date _____

Parent's Name _____ Phone (H) _____

Address _____ Phone (W) _____

Physician treating child's asthma _____ Phone _____

1. How long has your child had asthma? _____

2. Please rate the severity of his/her asthma. (circle one)

(Not severe) 1 2 3 4 5 6 7 8 9 10 (Severe)

3. What triggers your child's asthma attacks? (Please check any that apply and describe as fully as possible.)

_____ Illness

_____ Emotions

_____ Medications

_____ Weather

_____ Exercise

_____ Smoke

_____ Foods

_____ Fatigue

_____ Chemical odors

_____ Allergies (Please list) _____

_____ Other (Please list) _____

4. What does your child do at home to relieve wheezing during an asthma attack? (Please check any that apply.)

_____ Rest/Relaxation

_____ Drinks liquids

_____ Breathing exercises (Please describe)

_____ Takes medication:
(name medication)

_____ Inhaler _____

_____ Nebulizer _____

_____ Oral medication _____

_____ Other (Please describe) _____

5. In which sports can your child fully participate?

ASTHMA HISTORY & TREATMENT FORM

SPIRIT in the PINES Camp

6. What medications does your child take and how often?

Every day _____

Just for wheezing/attacks _____

Before exercise _____

Certain times of the year or when ill _____

7. What, if any, side effects does your child have from his/her medication?

8. Does your child understand asthma and what he or she should do to manage it?

9. Approximately how often does the child have an acute episode?

10. How do you want SPIRIT in the PINES staff to treat an episode of asthma if it should occur?

11. If the child does not respond to medication what action does the parent/guardian advise the SPIRIT in the PINES staff to take?

COMMENTS:

Signature of Parent or Guardian _____

Use this form if you have a food allergy.

Food Allergy Questionnaire

SPIRIT in the PINES Camp

This questionnaire is designed to assist the camp staff in ensuring the safety of campers who have food allergies, as well as to assist in food/kitchen management. **Please provide an EPI-PEN for your child at camp, if needed.**

PARTICIPANT NAME _____ CAMP DATE _____

List food allergy and types of food(s) to avoid; provide additional ingredient list if needed:

What are preferred food substitutions, if any, as in the case of dairy/lactose allergy?

What, if any, modifications are necessary in the camp kitchen?

What is your child's reaction if ingested, please describe as fully as possible.

How should the staff treat an episode/reaction if it occurs?

Will other types of contact cause a reaction? If so, please describe fully.

Does your child understand the allergy and what he/she should do to manage it? Does your child need assistance with food choices in the dining hall and at canteen? What if anything, should the staff do to assist?

Please describe the last time a reaction occurred, providing detail on what caused it, the reaction, the treatment, and how long ago it occurred.

In the case of a peanut allergy, can your child eat foods such as M & M's which are processed in the same facility as peanuts? Please provide any additional detail which will be helpful. Use the back side if needed.

Signature of Parent/Guardian _____ Date _____
or participant if age 18 or older

USE THIS FORM IF YOU WILL NOT BE RIDING THE BUS TO/FROM CAMP

CHANGE OF TRANSPORTATION

DRIVING TO CAMP

CAMPER NAME _____ CAMP DATE _____

DATE AND TIME OF ARRIVAL AT CAMP _____

PERSON DROPPING OFF CAMPER _____ RELATIONSHIP _____

PHONE NUMBER REACHABLE ON DROP OFF DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT PHONE REACHABLE ON DROP OFF DATE _____
(IF DIFFERENT FROM ABOVE)

AT CAMP, DROP OFF SIGNATURE _____ DATE _____

TIME _____

CHANGE OF TRANSPORTATION

PICK-UP FROM CAMP

CAMPER NAME _____ CAMP DATE _____

DATE AND TIME OF PICK-UP AT CAMP _____

PERSON PICKING UP CAMPER _____ RELATIONSHIP _____

PHONE NUMBER REACHABLE ON PICK-UP DATE _____

SPIRIT IN THE PINES CAMP HAS PERMISSION TO RELEASE MY CHILD TO THE PERSON NAMED ABOVE.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT PHONE REACHABLE ON PICK-UP DATE _____

AT CAMP, PICK-UP SIGNATURE _____ DATE _____

TIME _____