



Camp 2019

Dates: Monday, July 29 - Wednesday, July 31

The Center Summer Camp is going to Expeditions Unlimited in Baraboo, WI departing 8:00 am July 29th and returning July 31st 8:00 pm. The cost to attend this year's camp is \$150 and includes lodging, meals, rock climbing, swimming, canoeing, transportation, and more.

Full payment and ALL signed forms are due July 11, 2019.

Required Signed Forms:

1. Expedition Unlimited: Release of Claims and Waiver of Liability,
2. Camp Health Examination Form,
3. The Center Liability Release and Parental Consent form
4. Allergy Action Plan (only if necessary)

What to Bring:

Sleeping Bag, Pillow, Bible, journal and Pen, Insect repellent, Sunscreen, sack lunch for Monday, Snacks, Reusable water bottle (labeled), sweatshirt/jacket, 3 changes of clothes, shorts, pants, t-shirts (long pants or longer shorts are recommended for some activities). Modest swimwear (one-piece suit for girls), shoes for outdoor activities and beach towel. Shower towel and toiletries.

Camp Speaker: Micah Billingsley

Band: Enlivened

Camp Location: Expeditions Unlimited Baraboo, WI

www.expeditionsunlimited.com

In Case of Emergency Contact:

Camp Phone: (608)356-4004

Kelly Corcoran (815)474-2569



CAMP HEALTH EXAMINATION FORM

Developed by the American Camping Association in consultation with The American Medical Association and the American Academy of Pediatrics

Name: _____ Birth date: _____ Gender: M: ___ F: ___ Age: _____
Last First M. Init.

Name of Parents/Guardians (or spouse): _____ Phone: (____) _____

Home Address: _____
Street City State Zip

Email Address: _____

Church: _____

If not available in an emergency please notify:

1. _____ Phone: (____) _____
Name Relationship

2. _____ Phone: (____) _____
Name Relationship

Check all that apply, giving approximate dates

Health History	Date	Allergies	Date	Diseases	Date
___ Frequent Ear Infections	_____	___ Hay Fever	_____	___ Chicken Pox	_____
___ Heart Defect/Disease	_____	___ Poison Ivy, etc.	_____	___ Measles	_____
___ Convulsions	_____	___ Insect Stings	_____	___ German Measles	_____
___ Diabetes	_____	___ Penicillin	_____	___ Mumps	_____
___ Bleeding/Clotting Disorders	_____	___ Other Drugs	_____	___ Asthma	_____

Allergies (describe reactions/treatment): _____

Operations or serious injuries and dates: _____

Chronic or recurring illnesses: _____

Dentist/Orthodontist: _____ Phone: (____) _____

Family Doctor: _____ Phone: (____) _____

Medical/Health Insurance Company: _____ Policy or Group #: _____

IMPORTANT: Please notify us if this individual is exposed to any communicable disease during the three weeks prior to attending.

Medications: All medications must be in original pill bottles!

Medication 1: _____ Dosage: _____ Administer at: breakfast lunch
(Check all that apply) dinner bed other Reactions: _____

Physician: _____ RX#: _____ Route of Administration: _____ Date: _____

Medication 2: _____ Dosage: _____ Administer at: breakfast lunch
(Check all that apply) dinner bed other Reactions: _____

Physician: _____ RX#: _____ Route of Administration: _____ Date: _____

(If more medications are necessary please use the back of this form)

IMPORTANT: MUST BE COMPLETED FOR ATTENDANCE

Parental Authorization. This health history is correct so far as I know, and the person described herein has permission to engage in all prescribed activities. In the event of an emergency, I hereby give permission to the physician selected by the Expeditions Unlimited staff to order X-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I also give permission to the physician selected by the Expeditions Unlimited staff to hospitalize, secure proper treatment for, to order injection and/or anesthesia and/or surgery for my child as named above.

Parental Signature: _____ Date: _____



E11844 County Road DL
Baraboo, WI 53913

Telephone (608) 356-4004
Fax (608) 356-4185

Food Allergy Action Plan

*Completion of this form is necessary **only** if participant has a food allergy*

Name: _____

Allergy To: Dairy Wheat Eggs Peanuts Tree Nuts Other: (Please list)

Physician: _____ Phone #: _____

Emergency Numbers

Name: _____ Phone #: _____

Name: _____ Phone #: _____

**PLEASE TELL US WHAT TO DO IN CASE OF AN ALLERGIC REACTION
CHECK ALL THAT APPLY**

This Occurs:
My Child's allergic reaction includes:

- Swelling, itching raised skin rash
- Generalized body flush, swelling or itching
- Nausea, abdominal cramps, vomiting and/or diarrhea
- Itching and swelling of lips, throat, or tongue causing hoarseness, swallowing difficulty, coughing, wheezing or shortness of breath.
- "Thready" pulse, "passing out"
 - These signs may occur
 - Within a few minutes
 - Within 30 minutes to 2 hours

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation.

General First Aid

- Observe for 30 minutes
- Notify Parents
- Administer oral medication And
Name _____
Dosage _____
- Administer adrenaline (Epi Pen)
 - Immediately
- If symptoms occur (describe)

Student can self-administer Epi Pen? Yes No

If Epi pen is administered, an ambulance, then parents will be notified

**** Please Note:** Expeditions Unlimited **cannot** provide specialized meals for participants but we can provide a couple of additional options, as well as inform students of the ingredients found in prepared food.

Please return this form **2 weeks** prior to scheduled arrival date.
If returned later than **2 weeks** additional options may not be available.

Comments regarding other accommodations: _____

Parental Signature: _____ Date: _____