



An Outdoor Ministry of the  
Presbytery of East Iowa

## Welcome to Camp Wyoming!

Thank you for registering your camper for one of the most memorable experiences of their life—summer camp! We are pleased that he or she will be joining us this summer as they make new friends, have fun, and most importantly grow in their faith. Our goal is that when your camper returns to you at the end of their experience, you can see their growth, excitement, and love for Christ.

**Check-In is at 3:00p.m. on your camper's check-in day.** Attached, please find pertinent information regarding your camper's specific camp session including:

- What to Expect from a Week at Camp Wyoming.....Page 2-3
- Parent/Counselor Form.....Page 4
- Expectations and Permission Form .....Page 5
- Health Form.....Page 6
- Non-Prescription Medication Consent Form.....Page 7
- Prescription Medication Form .....Page 8

**Please fill out the above items, specifically pages 4-8, and mail them to the camp office at least two (2) weeks prior to your child's camp start date.**

Should you have any questions, comments, or concerns leading up to your camper's stay with us, please do not hesitate to give us a call at (563) 488-3893.

In Christ,

The Camp Wyoming Staff



9106 42<sup>nd</sup> Avenue, Wyoming, Iowa 52362-7647  
Office: 563-488-3893 Fax: 563-488-3895  
Email: [office@campwyoming.net](mailto:office@campwyoming.net) Web: [www.campwyoming.net](http://www.campwyoming.net)



# What to Expect from a Week at Camp

We're thrilled you've chosen Camp Wyoming and we're excited to welcome your camper for their week of camp. Please be sure to read this sheet thoroughly, and of course, please let us know if you have any questions!

## Prior to Arrival at Camp

The Parent/Counselor Form, Expectations and Permissions Form, Health Form, Non-Prescription Medication Consent Form, and Medication Form are included in this packet. **Please fill out these items and send them to the Camp Office at least two (2) weeks prior to your child's camp start date.** Please note that each of these forms are required for attendance at Camp Wyoming.

## Check-In Day

Come to Deer Center (the dining hall) for check-in. Please note that we will be unable to adequately care for your child prior to the start of check-in, so please plan on staying with your child throughout the check-in process. **Check-in will be held at Deer Center at 3:00 p.m. on Sunday.** During Check-in, you may leave all of your belongings and bags in the car, however, you will want to bring with you any medications (including all over-the-counter medications) to be checked-in with the camp nurse. **All medication needs to be in the original prescribed container.**

Check-In will involve the following:

1. Final payment of any outstanding camp fee balances.
2. Cabin assignments for your camper(s).
3. Health screening and head check. *If head lice are found on a camper, we are prepared to administer topical treatment on site which will enable the child to stay at camp while being treated.*
4. Drop off any medications to the nurse or health officer.
5. Receive a free t-shirt and purchase any Camp Wyoming keepsake items or clothing from our Camp Store.
6. Move your camper into their living unit.

## Check-Out Day

**Please arrive at Deer Center for our Closing Ceremony which begins promptly at 3:00 p.m. on Friday.** Check-out will occur directly after the ceremony. If you will be arriving late or if other complications arise, please notify the camp office as soon as the conflict becomes known.

Check-out will involve the following:

1. Signing out your camper.
2. Receiving your camper's Memory Book with their group photo included
3. Picking up your camper's medication.
4. Loading your camper's personal belongings.
5. Chatting with your camper's counselors about the week.

## Health Concerns

All counselors are certified in First Aid/CPR and are with campers at all times, 24 hours a day. The camp nurse conducts sick calls and dispenses all medication as prescribed and as needed. Parents will be notified if a camper has an illness or injury that requires more than first aid care. **Each family is responsible for covering costs of medical expenses incurred while at camp.** The camp insurance policy provides supplementary coverage for accident expenses which exceed the family's resources. It does not cover the costs for illness.

*Continued from page 2*

## **Telephone and Mail**

Please expect that the use of a phone by a camper is not permitted except under the expressed permission of the Director in the event of an emergency or special circumstances. Campers are encouraged to write home throughout their stay, and they most certainly enjoy hearing from their family. Please address all mail to your camper as follows:

*Camper's Name, Camp Session, Camp Wyoming, 9106 42<sup>nd</sup> Ave, Wyoming, IA 52362*

You may decide to pre-write mail for your camper's stay. If you do this, make sure to indicate on each letter your camper's name, camp program, and which day of the week you'd like it delivered. Give any pre-written mail to your child's counselor when you drop them off. It is also helpful for parents of young children to send pre-addressed envelopes for them to write letters home.

## **Packing for Camp**

It is strongly recommended that all clothing and equipment be marked with your camper's name prior to arrival. Lost and found articles with names attached are much easier to return to owners. Lost and found articles left at camp will remain for two weeks to be claimed by their owners. Campers should bring enough clothing with them to last for their entire stay (washer/dryer is unavailable to campers except under special conditions or circumstances). When packing, keep in mind that campers need to be comfortable and able to get sweaty, wet, and every degree of dirty in existence—this is part of the fun of being at camp! *Please bring the following:*

- Sleeping Bag or Bed Linens
- Fitted sheet for mattress (optional)
- Pillow
- Bath towels & washcloths (2)
- Shampoo & soap
- Comb or brush
- Toothbrush & paste
- Sandals for pool & for use in the shower
- One-piece swimming suit/ tankini or trunks (it is suggested that you bring 2)
- Pool towel
- Paper/Pencil
- Stamped & addressed envelopes
- Shorts
- Jeans or sweatpants
- Shirts
- Pajamas (non-revealing)
- Closed-toed shoes
- Socks & undergarments
- Sweatshirt or Jacket
- Raincoat or Poncho
- Black t-shirt and black pants for costume use
- Hat
- Insect repellent
- Sunscreen
- Creek stomping outfit: shorts, t-shirt, & closed-toed shoes (2<sup>nd</sup> pair) that will get wet and very muddy
- Bible
- Flashlight & extra batteries
- Water bottle
- Small backpack if desired
- Plastic bags to put wet or muddy clothes
- Laundry Bag
- A white shirt for paint wars

## **What Not to Bring**

Please do not bring cell phones, smart watches, radios, CD players, video games, money, and food or candy (they attract critters). Part of the Camp Wyoming experience is embracing the natural world around us. If a camper comes with any of these distractions, the items will be collected and returned to the camper at check-out. Camp Wyoming is not responsible for any lost or damaged items.

 **CAMP WYOMING** Parent/Counselor Form  
*Sacred Space. Growing Faith.*

This form is to be completed by the parent or guardian and will not be shown to your camper, as this is strictly confidential.

Camper's Name \_\_\_\_\_

Camp Program \_\_\_\_\_ Dates \_\_\_\_\_

Who lives in the home?  Father  Mother  Brothers  Sisters  Other \_\_\_\_\_

If parents are divorced, who has custody of the camper during the camp session? \_\_\_\_\_

Has your camper been away from home without parents for more than 4 days?  Yes  No

Your camper makes friends:  Easily  Fairly easily  With difficulty

Personality:  Shy  Quiet  Loner  Leader  Boastful  Independent  Aggressive

Sleep Habits:  Light  Heavy  Sleepwalker  Nightmares  Bedwetting  Falls from bed

Are there any activities from which your camper should be exempt due to health reasons? \_\_\_\_\_

Please list some of your camper's interests and hobbies \_\_\_\_\_

Please describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions/considerations while your camper is at camp:

Is there any additional information you would like us to know (please include special fears)?



# Expectations and Permissions

## Camper Behavior Contract

Because Camp Wyoming will be my home for a period of time this summer, I agree to make it a safe place for myself and others; therefore, I agree to conduct myself in the following manner:

- I will listen to others including staff and fellow campers.
- I will control my own behavior and use appropriate language.
- I will not cause physical or emotional harm to other campers or staff.
- I will not engage in or threaten abuse of any kind.
- I will respect the environment, camp equipment, property, and other campers' belongings.

Discipline Policy: Camp operates on a three strike policy. A strike can be given by any staff member for any infraction of the above behavior contract. After a second strike is given, the Director will contact my parent(s)/guardian(s). Upon a third strike, I will be sent home and my parent(s)/guardian(s) will be required to pick me up that day. **Camp Wyoming has a zero tolerance policy on bullying and the possession or use of alcohol, tobacco, weapons, or illegal substances.** Breaking this policy will result in an immediate three strikes, and I will be sent home.

By signing below, I am indicating that I have reviewed this Camper Behavior Contract with my parent(s)/guardian(s) and agree to abide by the rules. I understand that in the event I am sent home, no refund will be given. Following these rules will help camp be a safe environment for everyone.

## Camper Dress Code

In order to create an appropriate atmosphere whereby all campers can grow and learn, I agree to abide by the following dress considerations:

- I will wear clothing that completely covers my undergarments and does not expose my chest or stomach.
- I will not wear cut-off t-shirts with the sleeves cut below my armpit.
- I will wear a modest one piece swimming suit/tankini (girls) or board shorts/trunks (guys). (Camp Wyoming discourages the wearing of leggings, spandex, or yoga pants)

By signing below, I agree to abide by the above considerations for my attire.

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## The Sacrament of Communion

The Sacrament of Communion is an outward and visible sign and seal of the promises God makes through the Gospel of Jesus Christ. If the camp offers communion in its worship, the camp will use bread and grape juice to symbolize the body and blood of Jesus Christ. An ordained pastor will officiate the communion and will be accompanied by another pastor or elder. Presbyterians have an open table, meaning that if you trust in Jesus Christ as your Savior you are welcome to participate regardless of denominational affiliation.

- I permit my son/daughter to participate in communion during worship at camp.
- I do not permit my son/daughter to participate in communion during worship at camp.



# Health Form

In the event of an injury or emergency, this information will be provided to medical personnel.

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
(if applicable)

## Emergency Contacts

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

## Insurance Information

Carrier or Plan Name \_\_\_\_\_ Group \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

SS# of Policy Holder or Insurance ID# \_\_\_\_\_ DOB of Policy Holder \_\_\_\_\_

## Health History

Does this camper have a history of asthma?  Yes  No

If yes, list any regular or as-needed medications used to treat \_\_\_\_\_  
*\*you are required to bring all asthma meds to camp\**

Does this camper have an epi-pen or epi-pen jr. for emergency allergy reactions?  Yes  No

If yes, what allergy may require the use of epi-pen or epi-pen jr? \_\_\_\_\_  
*\*you are required to bring all epi pens to camp\**

List any dietary restrictions/allergies and describe their severity and treatment \_\_\_\_\_

List all other allergies (environmental, seasonal, etc.) and their reactions/treatment \_\_\_\_\_

Primary Doctor \_\_\_\_\_ Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_

Current medications to be taken at camp \_\_\_\_\_

Are all immunizations required for school up-to-date?  Yes  No

Date (month/year) of last Tetanus (must have current Tetanus prior to camp) \_\_\_\_\_

Past & Current Medical History (Include all procedures & ongoing medical conditions) \_\_\_\_\_

I hereby give permission to the medical personnel selected by the camp administration to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. I further give permission to the medical personnel selected by the camp administration to secure and administer treatment, including hospitalization, for the person named above. In the case of a severe allergic reaction, I give permission for the camp nurse or health officer to administer emergency epinephrine on-site.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

If I have any physical or health conditions that may restrict my participation in camp activities, I agree to abide by those restrictions.

Camper Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Non-Prescription Medication Consent

Camper Name \_\_\_\_\_

Please list any medication allergies and reactions/how to treat \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Camper's Current Weight \_\_\_\_\_

The following non-prescription medications are available at the Camp Wyoming Health Center. Please read over the list and initial those medications that you give the nurse authorization to give your camper. The medications will be administered as needed **only** if initialed by the camper's parent/guardian. Medication will be administered using the recommended dose based on the camper's age and weight.

<b>Initials</b>	<b>Medication</b>
_____	Acetaminophen (Tylenol)
_____	Ibuprofen (Motrin)
_____	Cough Drops
_____	Sudafed (Sinus & Nasal De-Congestant)
_____	General Cold Reliever
_____	Antihistamine (Benadryl/Diphenhydramine)
_____	Antacid (Tums)
_____	Pepto Bismol
_____	Milk of Magnesia
_____	Artificial Tears
_____	Hydrocortisone Cream
_____	Triple Antibiotic Ointment
_____	Aloe Vera (sunburn)
_____	Calamine Lotion (bug bites)
_____	Antiseptic Spray (Bactine)
_____	Wound Wash (hydrogen peroxide/alcohol wash/ non-alcohol wash)

REQUIRED CONSENT: I authorize the camp nurse or health officer to administer the non-prescription medications that I initialed above in brand name or generic form if necessary for my camper's comfort.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

# Medication Sheet

Camper Name \_\_\_\_\_ Camp Program & Dates \_\_\_\_\_

Fill out the form below for each of the medications your camper will be taking while at camp, including medications prescribed on an as-needed basis. **All medication needs to be in the original prescribed container.**

TO BE COMPLETED BY PARENT OR GUARDIAN							
Medication:							
Dosage:							
Instructions:							
To be taken at (check all that apply) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Bedtime							
TO BE COMPLETED BY NURSE							
		SUN	MON	TUE	WED	THUR	FRI
	Breakfast						
	Lunch						
	Supper						
	Bedtime						
TO BE COMPLETED BY PARENT OR GUARDIAN							
Medication:							
Dosage:							
Instructions:							
To be taken at (check all that apply) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Bedtime							
TO BE COMPLETED BY NURSE							
		SUN	MON	TUE	WED	THUR	FRI
	Breakfast						
	Lunch						
	Supper						
	Bedtime						
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Medication:							
Dosage:							
Instructions:							
To be taken at (check all that apply) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Bedtime							
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	Lunch						
	Supper						
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