



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 at the end of your camp experience together, you will be able to see your camper's growth, excitement, and love for Christ.

**Check-In is at 12:00 p.m. on your check-in day at Deer Center.** Lunch will immediately be provided after check-in. Attached, please find pertinent information regarding your camper's specific camp session including:

- What to Expect from Your Time at Camp Wyoming .....Page 2-3
- Parent/Counselor Form.....Page 4
- Expectations and Permission Form .....Page 5
- Health Form for Child .....Page 6
- Health Form for Adult .....Page 7
- Non-prescription Medication Consent Form.....Page 8
- Prescription Medication Form .....Page 9

**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.** Page 9 can be brought with you when you arrive for camp. 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 for child and adult, and Non-Prescription Medication Consent 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.** The Medication Sheet can be filled out and brought with you on the day of check-in. Please note that each of these forms are required for attendance at Camp Wyoming.

## What to Expect on CHECK-IN DAY

Check-in will be held at Deer Center at 12:00 P.M. on the Saturday of your arrival. 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 or health officer. **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 you and 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 nurse.
5. Receive free t-shirts and purchase any Camp Wyoming keepsake items or clothing from our Camp Store.
6. Move into your living unit.

## What to Expect on CHECK-OUT DAY

Check out will take place immediately after lunch on Sunday. Please expect Check-Out to involve the following:

1. Signing out your camper.
2. Picking up your camper's medication.
3. Loading your camper's personal belongings.
4. Chatting with your camper's counselors about the weekend.
5. Filling out an evaluation about your time at camp.

## Health Concerns

All counselors are certified in First Aid/CPR and are with campers at all times, 24 hours a day. The camp nurse or health officer 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.

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## 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
- 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
- Pool towel
- Stamped & addressed envelopes
- Paper/Pencil
- Creek stomping outfit: shorts, t-shirt, & closed-toed shoes that will get wet and very muddy
- Shorts
- Jeans or sweatpants
- Shirts
- Pajamas (non-revealing)
- Closed-toed shoes (2<sup>nd</sup> Pair)
- Socks & undergarments
- Sweatshirt or Jacket
- Raincoat or Poncho
- Hat
- Insect repellent
- Sunscreen
- Bible
- Flashlight & extra batteries
- Water bottle
- Small backpack if desired
- Plastic bags to put wet or muddy clothes
- Laundry Bag

## What Not to Bring

Please do not bring 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. We understand that parents may want to bring their cell phones, but please keep them put away and out of sight. We also ask that you leave your camper's cell phone at home.



**CAMP**

**WYOMING**

*Sacred Space. Growing Faith.*

# Parent/Counselor Form

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 Session \_\_\_\_\_ Session 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 respect myself and others.
- 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 bully other campers or staff.
- I will respect the environment, camp equipment, property, and other campers' belongings.
- I will wear appropriate clothing and footwear for all activities at camp.
- I will not possess or use alcohol, tobacco, illegal substances, or any paraphernalia.
- I will not engage in or threaten abuse of any kind.

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 Associate 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, 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 safer environment for everyone.

## Camper Dress Code

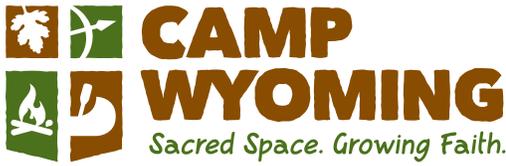
In order to create an appropriate atmosphere whereby all campers can grow and learn, I agree to abide by the following dress considerations:

- I will wear clothing that completely covers my undergarments and does not expose my chest or stomach.
- I will not wear sleeveless 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).

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

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

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



# 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: \_\_\_\_\_



# Health Form for Adult

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

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

Address \_\_\_\_\_

### 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

Do you 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*

Do you have an epi-pen for emergency allergy reactions?  Yes  No

If yes, what allergy may require the use of epi-pen? \_\_\_\_\_  
*\*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 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 me. 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.

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

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 or health officer 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.

**Initials**

**Medication**

- \_\_\_\_\_ 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)

**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 Session & Date \_\_\_\_\_

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. Place a checkmark next to each time of day the medication is to be taken. The camp nurse or health officer will initial each time the medication is administered in the appropriate space on the chart below. **All medication needs to be in the original prescribed container.**

			Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
Medication:									
Dosage:									
Instructions:									
To be taken at:	Breakfast								
	Lunch								
	Supper								
	Bedtime								
Medication:									
Dosage:									
Instructions:									
To be taken at:	Breakfast								
	Lunch								
	Supper								
	Bedtime								
Medication:									
Dosage:									
Instructions:									
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	Lunch								
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