



CAMP WYOMING

Sacred Space. Growing Faith.

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 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 WyomingPage 2-3
- Parent/Counselor Form.....Page 4
- Expectations and Permission FormPage 5
- Health Form for ChildPage 6
- Health Form for AdultPage 7
- Non-prescription Medication Consent Form.....Page 8

Please fill out the above items, specifically pages 4-9, 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 42nd Avenue, Wyoming, Iowa 52362-7647

Office: 563-488-3893 Fax: 563-488-3895

Email: office@campwyoming.net Web: www.campwyoming.net



What to Expect from Your Time 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.** 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 (the dining hall) 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.

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. Receive free t-shirts and purchase any Camp Wyoming keepsake items or clothing from our Camp Store.
5. 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. Loading your camper's personal belongings.
3. Chatting with your camper's counselors about the weekend.
4. Filling out an evaluation about your time at camp.

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 42nd 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.

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.

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
- Pool towel
- Shorts
- Jeans or sweatpants
- Shirts
- Pajamas (non-revealing)
- Closed-toed shoes
- Socks & undergarments
- Sweatshirt or Jacket
- Creek stomping outfit: shorts, t-shirt, & closed-toed shoes (2nd pair) that will get wet and very muddy
- 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/smart watch/tablet at home.

 **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 _____

2nd 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

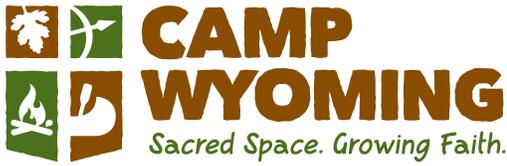
Date (month/year) of last Tetanus (must have current Tetanus prior to camp) _____

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 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 _____