

# 2009 UNITED METHODIST HEALTH HISTORY & TREATMENT AUTHORIZATION

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

Camp # \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of camper's last tetanus shot \_\_\_\_ / \_\_\_\_ / \_\_\_\_

All campers, regardless of health, must MAIL this completed and signed form WITH THE REGISTRATION FORM. **The camper will not be admitted to camp or travel without it.** Confidentiality will be honored. Be sure to copy both sides of this form when making additional copies. For further explanation of answers use additional paper as needed and attach.



**Please list all medications on the opposite side of this form.**

**Camper History: Please check/circle all that apply:**

- Chronic infection of throat
- Chronic infection of ears
- Chronic infection of sinus
- Chronic infection of lungs
- Chronic infection of urinary tract
- Fainting
- Nose bleeds
- Cramps
- Heart condition
- High blood pressure; is it controlled? **Y N**
- Diabetes; is it controlled? **Y N**
- Seizure; is it controlled? **Y N**
- Epilepsy; is it controlled? **Y N**
- Sleep Walking
- Asthma or other breathing conditions
- Chronic digestive or gastric complaints
- Bed wetting or bladder control
- Anxiety
- Hyperactivity
- ADD or ADHD
- Violent or aggressive behaviors

Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please circle "Y" (yes) or "N" (no) for each of the following:**

- Y N** Camper can walk up and down stairs easily
- Y N** Camper has been recently exposed to a contagious disease  
If yes please identify: \_\_\_\_\_
- Y N** Camper has tubes in the ear. If yes which ear(s)? \_\_\_\_\_
- Y N** Camper has a skin disease. If yes please identify: \_\_\_\_\_
- Y N** Camper has experienced unusual stress or trauma.  
If yes please explain: \_\_\_\_\_
- Y N** Is there a physical, mental, psychological, spiritual or social condition requiring restricted activities or special assistance?

If yes to any, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**Allergies and Dietary needs:**

Does camper require a diabetic diet? **Y N**  
 Please list all allergies including those to food, medications and environment.

\_\_\_\_\_  
 \_\_\_\_\_

**Immunizations:**

Please give the date of the most recent (month/year if possible.)

____/____	Hepatitis A
____/____	MCV4 (Meningococcal)
____/____	Hepatitis B
____/____	Tdap (Tetanus, Diphtheria, Pertussis)
____/____	PPV (Pneumococcal)
____/____	IPV (Poliovirus)
____/____	Influenza
____/____	Varicella
____/____	HPV (Human Papillomavirus)
____/____	MMR

Name (print) \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to Camper \_\_\_\_\_  
 ("parent", "legal guardian" or "self")

Family Medical Insurance Company \_\_\_\_\_

Name of Insured \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Physician \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

I understand that camp staff need to know pertinent information about the camper's mental and physical health. Therefore, I have disclosed all information that could jeopardize the camper's health and safety or the safety of others. Failure to disclose information could require my child to be sent home from camp.

I give permission to the camp to provide routine health care, administer prescribed and over-the-counter medications and seek emergency medical treatment including ordering x-rays and routine tests. I give permission to the camp to arrange necessary related transportation.

I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached (or cannot respond if an adult camper) in case of an emergency, I give permission to the physician(s) selected by the camp staff to secure and administer proper treatment, including hospitalization, for the above-named person and to release information regarding said medical treatment to camp staff.

Signature \_\_\_\_\_  
 (parent, legal guardian or adult camper)

# 2009 REQUEST TO ADMINISTER MEDICATION

## NOTICE TO PARENTS/LEGAL GUARDIANS:

When any medication is to be taken at camp, this form must be must come to camp in the original container from the pharmacy and show the camper's name, the physician or dentist's name, the prescription number, name of medication and dosage. Non-prescription medications must also come to camp in their original containers. Thank you for your cooperation.



Name of camper: \_\_\_\_\_

Physician or Dentist: \_\_\_\_\_

### Prescription drugs to be taken (use additional paper as needed and attach to form):

1. Medication name: \_\_\_\_\_ Prescription #: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_ Dosage: \_\_\_\_\_

How long has camper taken this medication at this dosage? \_\_\_\_\_

2. Medication name: \_\_\_\_\_ Prescription #: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_ Dosage: \_\_\_\_\_

How long has camper taken this medication at this dosage? \_\_\_\_\_

3. Medication name: \_\_\_\_\_ Prescription #: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_ Dosage: \_\_\_\_\_

How long has camper taken this medication at this dosage? \_\_\_\_\_

### Non-Prescription drugs to be taken (use additional paper as needed and attach to form):

Drug: \_\_\_\_\_ Time(s) to be given: \_\_\_\_\_ Dosage: \_\_\_\_\_

Drug: \_\_\_\_\_ Time(s) to be given: \_\_\_\_\_ Dosage: \_\_\_\_\_

Drug: \_\_\_\_\_ Time(s) to be given: \_\_\_\_\_ Dosage: \_\_\_\_\_

REASON(S) FOR MEDICATION(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby request that (name of camper) \_\_\_\_\_ receive the above medication(s) at camp as noted and that the nurse or another adult camp leader administer the medication. I understand it is my responsibility to furnish this medication and proper instructions for administering the same. I further understand and agree that on behalf of myself and the above named person, I do hereby waive and release any action, cause of action or claim of liability for any loss, damages, accident or injury of any kind against the Kansas West Annual Conference and against any nurse or adult camp leader arising from the administration of medication, including, but not limited, to any claim that medication was negligently administered, and I agree to indemnify, protect and hold harmless such persons and the Kansas West Annual Conference from any and all such claims.

Name (print) \_\_\_\_\_  
(parent, legal guardian or adult camper)

Signature \_\_\_\_\_  
(parent, legal guardian or adult camper)

Relationship to Camper: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
("parent", "legal guardian", "self")

(Be sure to copy both sides of this form when making additional copies.)

# 2009 CAMP REGISTRATION INSTRUCTIONS & POLICIES



## REGISTRATION INSTRUCTIONS:

- Fill out the forms completely with accurate information. Incomplete information will slow down the registration process and may result in a camper not getting his/her first-choice camp.
- Provide a second-choice camp selection. This speeds up the registration process if a first-choice camp is full or has been cancelled.
- School grades listed refer to the grade for the fall of **2009**. Please select camps for the appropriate grade level.
- Registration form **MUST** be signed by the camper and the parent or legal guardian for minor children and other applicable cases. Health form must be signed by the parent or legal guardian.
- After completing the registration and health forms, make a copy of both sides for future reference.
- Registrations will not be taken over the phone.

**Register early! Camp prices in parentheses will be used for all registrations postmarked after May 1.**

## CANCELLED REGISTRATIONS & REQUESTS TO CHANGE CAMPS:

All requests to change camps or to cancel registration are subject to an administrative fee of \$20.

- Full refund minus administrative fee: 15 days or more before camp's start date.
- 50% refund minus administrative fee: 14 days or less before camp's start date.
- No refund for no-shows. Exceptions for illness or injury or for a death in the family only.

**If a camp is full or cancelled, the camper will automatically be placed in the second-choice camp. The camper will be notified if the second-choice camp is full or cancelled. A third choice may be given or a full refund will be issued. The administrative fee will not be applied when a camp is full or cancelled.**

## PAYMENT INSTRUCTIONS:

- Send payment along with the camp forms.
- For camps at **LAKESIDE** (#L300's), send registrations and payments to:  
**Camp Lakeside, 300 E. Scott Lake Dr., Scott City, KS 67871.**  
Make checks payable to Camp Lakeside. Send faxed credit card-paid registrations to 620-872-3023.
- For camps at **HORIZON** (#H400's), send registrations and payments to:  
**Camp Horizon, 30811 Horizon Dr., Arkansas City, KS 67005.**  
Make checks payable to Camp Horizon.
- For **CCYM CAMPS** and **Off-Site Camps** (#C500'S), send registrations and payments to:  
**Kansas West Conference, 9440 E. Boston Suite 110, Wichita, KS 67207.**  
Make checks payable to Kansas West Conference. Send faxed credit card-paid registrations to 316-684-0044.

## HELPFUL REMINDERS:

- Register early! Some camps fill up quickly.
- Campers/parents are responsible for transportation to and from camp.
- Maps of camp locations are provided in the camp guide. For more detailed directions, call the camp site.
- A confirmation letter and participation agreement will be mailed after the registration is processed. The letter includes information about what to bring to camp as well as arrival and departure times. The participation agreement must be brought with the camper to the camp. No one will be admitted to camp without proper forms on file.
- Visit the camping page on the conference website, [www.ksWESTumc.org](http://www.ksWESTumc.org) under Ministries/Camping Ministries, to check on the status of camps, download forms and view maps of the camp sites.

## NEED TO KNOW MORE?

More information pertaining to camps and facilities can be found at the following websites:

**Camp Lakeside:** [www.camlakeside.net](http://www.camlakeside.net)

**Camp Horizon:** [www.horizoncenter.org](http://www.horizoncenter.org)

**Conference:** [www.ksWESTumc.org](http://www.ksWESTumc.org)

(Be sure to copy both sides of this form when making additional copies.)

# 2009 UNITED METHODIST CAMP REGISTRATION FORM

INFORMATION MUST BE TYPED OR PRINTED LEGIBLY IN DARK BLUE OR BLACK INK.

IMPORTANT: Before completing this form, please read the instructions and policies.



## REGISTER ONLINE

If you have a computer and internet connection, save us the paperwork and register for camp online:

[ksWESTumc.org/register](http://ksWESTumc.org/register)

### CAMP CHOICE

1st Choice Camp: # \_\_\_\_\_ Price: \$ \_\_\_\_\_ Camp Name: \_\_\_\_\_

2nd Choice Camp: # \_\_\_\_\_ Price: \$ \_\_\_\_\_ Camp Name: \_\_\_\_\_

### CAMPER'S INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ School Grade for Fall **2009**: \_\_\_\_\_

Camper lives with (circle one): Both Parents | Mother | Father | Other: \_\_\_\_\_  
(Name/Relationship to Camper)

Camper attends church at: \_\_\_\_\_  
(Church Name/City)

**I agree to** participate fully in the activities for which I have registered, obeying safety regulations and directions of all

camping staff: \_\_\_\_\_ Date: \_\_\_\_\_  
(camper's signature — MUST BE SIGNED)

**Mother or Legal Guardian's Name:** \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone | Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

**Father or Legal Guardian's Name:** \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone | Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

**Other Emergency Contact:** \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone | Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

**I give permission** for \_\_\_\_\_ to attend camp and participate in its activities.  
(print Camper's first and last name)

camping staff: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent's or legal guardian's signature — MUST BE SIGNED)

### PAYMENT INFORMATION (Lakeside and Conference only. Horizon does not accept mailed credit card orders.)

Circle type of card: VISA MasterCard Account#: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Card Holder: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

### MAIL TO

**LAKESIDE:** Camp Lakeside, 300 E. Scott Lake Dr., Scott City, KS 67871

**HORIZON:** Camp Horizon, 30811 Horizon Dr., Arkansas City, KS 67005

**CCYM and OFFSITE:** Kansas West Conference, 9440 E. Boston Suite 110, Wichita, KS 67207