

Explorer Camp Information

Hello from Camp Luther! We have received your Explorer Camp registration and are eager to share our summer with you! The following is essential information; please read it carefully.

ARRIVAL AND DEPARTURE

Check-in is on Friday between 3:30 p.m. and 5:00 p.m. (no early check-ins, please). **If you plan on arriving after 5:00 p.m, you must let us know ahead of time** so we can make special arrangements to have someone available to meet you and take your camper to meet the group.

Our Sunday worship service is at 10:15 a.m. followed by a picnic lunch at 11:30 a.m. and departure at 12:15 p.m. Family and friends of campers are invited to join us for both the worship service and lunch. Advanced notice is helpful for extra lunch guests. Tickets can be purchased during registration on Friday or at the office for \$7.50 per guest. Registered children campers in the weekend program do not need to purchase tickets.

CANCELLATIONS

A full refund minus the \$25 processing fee will be provided up to 30 days before the camp begins. No refunds will be granted within 30 days except in cases of family death or illness. **All requests for refunds must be made in written form.**

THE CANTEEN AND SPENDING MONEY

Campers visit the Camp Luther Canteen twice a day for snacks and souvenirs. Campers are allowed to purchase three items per session. Snacks and drinks are \$1.00. Clothing and souvenir prices range from \$.50 - \$40.00. .

SPECIAL DIETARY NEEDS

If your child has special dietary needs, we are happy to work with you to meet those needs. Our food service director is happy to provide the planned menu for your time at camp. Her name is "Beads" and can be reached at beads@campluther.com or 715-546-3647 Ext. 228. Many parents will bring foods to accommodate their child's special diet. We welcome those food supplies in well-marked containers at the time of your on-site registration.

PLEASE HELP CAMP LUTHER MAKE A DIFFERENCE!

While at camp you will have an opportunity to donate to the Camp Luther Mission project. Our 2012 project is the Lutheran Malaria Initiative. LMI is raising funds to eradicate malaria from the continent of Africa. Last summer we raised over \$3000. Our goal for Summer 2012 is \$5000! Help us reach this goal. Every \$10 purchases a net to protect a child from this deadly disease while they sleep.

FORMS

All forms are due by June 1st.

Parents or guardians are to complete and mail the *Camper Information Form* and the *Emergency Medical Form* (which are enclosed in this mailing) **by June 1st**. A copy of both the front and back of your family's insurance card should be attached to the emergency medical form. State law mandates that all prescription medication brought to camp must be in its original container.

PAYMENTS

Full payment is required by June 1st. Payment of your balance can be made by check or credit card, via postal mail or submitting a credit card payment at www.campluther.com. If you register after June 1st, payment is due in full.

CAMPER EXPECTATIONS

Camp Luther provides opportunities for spiritual growth, social development, and outdoor activity. We would like to provide a Christian environment for all who visit. We ask that each camper's behavior, speech and clothing are appropriate for the Christian atmosphere we try to model.

PROGRAM INFORMATION

Housing will be provided in the Retreat Center.

MORE INFORMATION FOR PARENTS

Check out the Questions and Answers page of our website. Click on the Summer Camp Corner.

CAMP LUTHER

1889 Koubenec Road " Three Lakes, WI 54562
Phone (715) 546-3647 " (877) 264-CAMP

EMERGENCY/MEDICAL INFORMATION FORM

REQUIRED BY JUNE 1st

This form must be completed and submitted to the Camp Luther office by June 1st. Failure to properly complete and submit this form may result in the non-acceptance of the child/youth into the camp program.

This form should be returned via USPS mail or scanned and emailed with signatures. Please remember to include a copy of your insurance card. **Do not fax!**

Camp Luther shall not be held responsible for medical expenses incurred by camper through accident or illness before, during, or after enrollment in the camp program. Complete insurance information must be provided by the guardian.

EMERGENCY ADMISSION INFORMATION

Parent(s)/Guardian: This information will be needed in the event of an Emergency Room visit. Having this information will expedite the admission process and treatment. **Please print!**

CAMPER INFORMATION

Last Name: _____ First: _____ MI: _____

Address: _____

City/State/ZIP: _____

DOB: ____ / ____ / ____ Age: _____ Sex: _____

Home Phone: (____) _____ County of Residence: _____

PARENT/GUARDIAN (PRIMARY EMERGENCY CONTACT)

Full Name: _____

Address: _____

City/State/ZIP: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

SECONDARY EMERGENCY CONTACT

Full Name: _____

Address: _____ City/State/ZIP: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

AUTHORIZATION FOR MEDICAL CARE

For Campers Under 18 years of age:

We, the undersigned parent(s) and/or natural guardians of _____, **a minor**, do hereby authorize the Camp Luther Health Services Staff (and/or any other qualified adult appointed or designated by them) **(1)** to consent to medical, surgical, and dental care for such minor child; **(2)** to consent to any diagnostic tests, medical, surgical, or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist, or other health care personnel providing care for such minor child; **(3)** to employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child; **(4)** to admit such minor child to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic facility for examination, treatment, surgery, or care; and **(5)** to sign all necessary consents and authorizations.

It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required; but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

Signature: _____ Date: _____

INSURANCE INFORMATION

Camper's primary insurance is under whose name?
(e.g. name of father, mother, guardian, or other)

Insurance Company: _____

Ins. Co. Group #: _____

Policy/Contract #: _____

Employer: _____

Address: _____

City/State/ZIP: _____

Phone: _____

If self-employed, give occupation: _____

We do not currently have insurance.

PLEASE INCLUDE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD!

Name: _____

Counselor: _____

Block Code: _____

OVER-THE-COUNTER MEDICATIONS

When beneficial, the camp staff has permission to give the following or their equivalent to my child (check all that apply):

Acetaminophen (Tylenol)____ Cough Drops/Syrup____ Pepto-Bismol____ Cold Medication (Sudafed)____

Allergy Medication (Benadryl)____ Ibuprofen (Advil)_____

Parent's Signature:_____ Date:_____

PHYSICAL HEALTH

When was the camper's last physical exam? (date)_____

Please check any of the following health ailments camper is subject to:

Asthma____ Seizure Disorder____ Headaches____ Frequent ear infections____ Sleepwalking____

Fainting____ Bedwetting____ Depression/Anxiety____ Diabetes (list type)_____ (check all that apply)

Provide information and supportive health care needed for each checked item:_____

Describe any other health ailments camper is subject to:_____

Severe Allergies to: Bee Stings____ Penicillin____ Other (please list)_____

This camper has an allergy to the following food(s):_____

Does this cause anaphylaxis? Yes____ No____

Describe the reaction if this food is eaten and what should be done to manage it:_____

(see the Program Information Form for information on special menus and diets while at camp.)

Operations or Serious Injuries (Type and Date) _____

Are there any additional details or information on the camper's health that either the Camp Luther staff or attending doctor should know?_____

SPECIAL NEEDS

IF YOUR CHILD HAS ANY PHYSICAL, EMOTIONAL, BEHAVIORAL, OR COGNITIVE SPECIAL NEEDS YOU MUST CONTACT THE YOUTH CAMP PROGRAM DIRECTOR ASAP TO DISCUSS NECESSARY ARRANGEMENTS.

IMMUNIZATION HISTORY

List the **MONTH, DAY, AND YEAR** your child received each of the following immunizations. **DO NOT USE A (Y) OR (X)**. If you do not have an immunization record for this child at home, contact your doctor or public health agency to obtain the dates.

TYPE OF VACCINE	First Dose month/day/year	Second Dose month/day/year	Third Dose month/day/year	Fourth Dose month/day/year	Fifth Dose month/day/year
DTP -- DIPHTHERIA-TETANUS-PERTUSSIS (Whooping Cough)					
POLIO					
HIB (Haemophilus influenza b)					
HEPATITUS B			COMMENTS:		
MMR -- MEASLES-MUMPS-RUBELLA					
TETANUS BOOSTER					
VARICELLA (CHICKEN POX) VACCINE					

PRESCRIBED MEDICATIONS: (list all brought to camp) *If injections are necessary, contact the camp office.*

Medication	Dosage	Times Given	Prescribing Physician	Reason for Medication

Physician's Name:_____ City/State:_____ Office Phone: (____) _____

State law mandates that all medications must be in their original container. At registration you will be asked to fill out a detailed form listing all medications, dosages, and times to be administered. It is helpful if camper brings two additional doses beyond what will be needed for the duration of camp.

CAMP LUTHER

CAMPER INFORMATION FORM

To be filled out by Parent or Guardian with input from your child

Welcome to Camp Luther! You have sent in your child's registration form and down payment securing your child's place at Camp Luther this summer. Please write the date on your calendar so you can prepare for the week. In addition to filling out this form and the medical form, please help prepare your child for camp by talking with them. Discuss what they can expect in a week at Camp Luther, what kind of behavior you expect them to display, and how much fun they will have. Discuss the "What to Bring" form with your child. This will help your child be mentally prepared for the week.

Please help us be prepared for your child's week at camp by completing this form. The information requested will help the assigned counselor become better acquainted with your child prior to arrival. This enables us to be more informed and effective in our care of your child and his or her transition time spent away from home.

Please complete this form and provide us with any additional information you consider helpful. Be assured that this information will be held in strict confidence among our staff. The information you provide will enhance your child's experience at Camp Luther. We encourage you to keep your child and our staff in your prayers! It is our prayer that each child at Camp Luther has a positive experience and grows in their faith development, social skills and appreciation for God's creations during their week here.

Return this form via USPS mail by June 1st Do not fax any forms!

If you register for camp after this date, complete and return immediately.

GENERAL INFORMATION

Camper's name _____ Nickname _____ Age _____ Gender _____

Address _____ City _____ State/Zip _____

Grade in School _____ Date of Birth _____

Camper lives with: Both Parents Just Mom Just Dad Other

(This information helps us relate to the camper and understand their daily life.)

INTERESTS AND HOBBIES

Camper's hobbies: _____

Camp activities camper is especially looking forward to: _____

Activities camper is apprehensive about: _____

Behavior at school is: Excellent Good Fair Poor

Camper's attitude toward school: _____

For office use only:

Camper Name _____

Block Code _____

PHYSICAL HEALTH (These should be listed in detail on the medical form.)

Describe any special needs we can accommodate: (If your child has any kind of physical, emotional, cognitive or behavioral special needs you **must contact** the Youth Camp Program Director ASAP to discuss how we can accommodate those needs.) _____

Is camper troubled with bed wetting? _____

Specific food or environmental allergies: (all food allergies must be separately reported to the Program Director ASAP) _____

Severity of allergic reaction: Mild Medium Severe Deadly

Any recent injuries that might impede camp activities? _____

What time does camper typically go to bed and wake up? _____

SOCIAL SKILLS AND EMOTIONAL HEALTH

Describe camper's reading ability/favorite books: _____

Number of Brothers: _____ Ages: _____

Number of Sisters: _____ Ages: _____

Camper's attitude toward camp experience: Enthusiastic Interested Lukewarm Unenthused

Prior camp experience: *yes no* significant notes _____

Do you think camper might become homesick? *yes no* Explain: _____

What care do you recommend for homesickness? _____

_____ (Calling home is a last resort)

Camper's temperament is usually: (check all that apply)

- Timid Outgoing Aggressive Sensitive Nervous
 Happy Moody High Strung Laid Back

Camper's fears and weaknesses: _____

Does your camper know how to swim? Y or N Is Camper afraid of the water? _____

Describe how camper gets along with children: _____

In what way do you think the Camp Luther experience will best help your child? _____

Have there been any significant life changes within the last year that may be affecting your child emotionally and/or behaviorally? If so, would you be willing to identify them for us? _____

SPIRITUAL DEVELOPMENT

Home church and denomination: _____

Has camper been baptized? _____ Confirmed? _____ Attend Sunday school? _____

Is camper enrolled in a Parochial School? _____

Does camper feel comfortable talking about their faith? _____

How important is faith in the camper's life? _____

How can our summer staff assist or encourage your child to achieve his or her life goals on a more personal level? _____



SUMMER CAMP CHECKLIST

**PLEASE PLACE CAMPER'S NAME ON ALL BELONGINGS!
CAMP LUTHER IS NOT RESPONSIBLE FOR ITEMS LEFT BEHIND!**

SLEEPING GEAR

- Sleeping bag
- Pillow and pillowcase

ITEMS FOR HEALTH AND HYGIENE

- Prescribed medication in original container only
- Body soap
- Shampoo and Conditioner
- Deodorant
- Toothbrush and toothpaste
- Hairbrush or comb
- Towels and wash cloths
- Laundry bag (labeled with name)

OTHER USEFUL ITEMS

- Bible
- Flashlight
- Camera, Batteries, Digital Card
- Beach towel
- Sunscreen and lotion
- Bug Spray
- Paper, pen/pencil, envelopes, stamps
- Sunglasses
- Cap or hat
- Backpack
- Water Bottle

PLEASE LEAVE AT HOME

- Radios
- Televisions
- MP3 Players/Discmans/iPods
- Knives
- Fireworks
- Skateboards
- Rollerblades
- Pets
- **Cell Phones**
- **Laptops**
- Portable Video Games
- Food/Snacks/Drinks
- Lighters/matches
- Laser Lights
- Coolers

Life jackets are provided for all water activities, but you may bring a personal life jacket if you so choose.

CLOTHING

- Changes of jeans, shorts, shirts, underwear, Socks, etc.
- Tennis shoes
- Light jacket
- Rain gear
- Swimsuit - one piece please!
- Sweatshirt or pullover sweater
- Pajamas
- Sandals

Statement on Dress and Behavior

One of the things that guests to Camp Luther appreciate most is the family-friendly Christian community that is created at camp when God's people gather together. To maintain this atmosphere we ask that campers, cottagers and other guests come to Camp Luther with an attitude of cooperation, goodwill, and a respect for people. We ask that your language, dress, and behavior while at camp are appropriate for our Christian community. Thank you for being considerate of others and helping us to maintain the special atmosphere we enjoy together at Camp Luther. In keeping with this policy, we ask that girls wear one piece bathing suits while at camp. Thank you.

WHAT TO BRING TO CAMP

