

# CAMP LUTHER

## CAMPER INFORMATION FORM

**To be filled out by Parent or Guardian**

Week Registered: \_\_\_\_\_

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. You will notice the housing and date information in the upper right hand corner. 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.

___ Retreat Center	___ Tower
___ Tree House	___ Pioneer
___ Noah's Ark	___ Fort
___ Quest	

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 to time spent away from home.

**Please complete this form completely 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 nature appreciation 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: \_\_\_\_\_

**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

Other: \_\_\_\_\_

Camper's fears and weaknesses: \_\_\_\_\_

Describe how camper gets along with children: \_\_\_\_\_

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

**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? \_\_\_\_\_

# CAMP LUTHER

1889 Koubenic Road ♦ Three Lakes, WI 54562

Phone (715) 546-3647 ♦ (877) 264-CAMP

## EMERGENCY/MEDICAL INFORMATION FORM

**REQUIRED BY JUNE 1st**

Week Registered: \_\_\_\_\_

<input type="checkbox"/> Retreat Center	<input type="checkbox"/> Tower
<input type="checkbox"/> Tree House	<input type="checkbox"/> Pioneer
<input type="checkbox"/> Noah's Ark	<input type="checkbox"/> Fort
<input type="checkbox"/> Quest	

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. 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!**

**PLEASE INCLUDE A COPY OF  
YOUR INSURANCE CARD!**

### CAMPER INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ County of Residence: \_\_\_\_\_

### INSURANCE INFORMATION

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

Soc. Sec. # of this person: \_\_\_\_\_

DOB of this person: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Ins. Co. Group #: \_\_\_\_\_

Policy/Contract #: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

If self-employed, give occupation: \_\_\_\_\_

### PARENT/GUARDIAN

#### (PRIMARY EMERGENCY CONTACT)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

### SECONDARY EMERGENCY CONTACT

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ 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: \_\_\_\_\_

Name: \_\_\_\_\_  
Counselor: \_\_\_\_\_

Session Date: \_\_\_\_\_

**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: \_\_\_\_\_

Physician’s Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

**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: \_\_\_\_\_

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 (✓) 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

\_\_\_\_\_

\_\_\_\_\_

**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.

**INSURANCE CARD**  
**Attach copy of insurance card here**

# ***Raft Quest Information***

Hello from Camp Luther! We have received your Raft Quest 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 Sunday between 1:30 p.m. and 3:30 p.m.*** (no early check-ins, please). If you plan on arriving after 3:30 p.m., please let us know ahead of time so we can make special arrangements to have someone available to meet you.

***Camp ends on Friday at 11:30 a.m.*** Please make arrangements to pick up your child no later than noon. You are invited to join us for closing devotions at 10:45 a.m. Lunch is not available.

## **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 three times during the week. Campers are allowed to purchase three items at each Canteen session. Snacks and drinks are between \$.75-\$1.00. Clothing and souvenir prices range from \$8.00 - \$40.00. Extra spending money is encouraged, as campers will have the opportunity to buy snacks during the trip. At the end of the week, your camper will have an opportunity to donate to the Camp Luther Mission Trip.

## **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. You will also be receiving waiver forms. Please fill these out and return no later than ***June 1st***.

## **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](http://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**

Raft Quest is a great program that allows teens to experience some unique adventures in the Northwoods of Wisconsin. Quest camps start and end at Camp Luther, where participants will get an opportunity to take part in all the great Camp Luther activities (biking, swimming, kayaking, etc.). During the rest of the week, they will camp out at Wildman's Whitewater Ranch. Under the careful eye of experienced guides and instructors, each participant will get the chance to raft down the Peshtigo River in a single-person kayak, and then down the Menominee River in a 10-person raft. They will also get a chance to scale the Alpine Tower, which helps build both individual confidence and team unity.

Each day of the week will also include interesting Bible studies, campfire devotions and singing. Campers will stay in tent villages while at Camp Luther, and pop-up tents at Wildman's.

The Camp Luther Program Assistant who will be accompanying your child will be lifeguard certified and will also have training in group initiative course techniques.



## 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
- Insect repellent
- Body soap
- Shampoo
- Deodorant
- Toothbrush and toothpaste
- Hairbrush or comb
- Towels and wash cloths
- Laundry bag (labeled with name)

### OTHER USEFUL ITEMS

- Bible
- Flashlight
- Camera and film
- Beach towel
- Sunscreen and lotion
- Bug Spray
- Paper, pen/pencil, envelopes, Stamps
- Sunglasses
- Cap or hat
- Backpack (Village Campers)
- Water Bottle

### PLEASE LEAVE AT HOME

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

### 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

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



