



2021 Middle School Camp Packet

Please read carefully and fill out paperwork completely (front and back)

COMPLETION CHECKLIST

- I. Items in this packet that you should **keep** for your own reference and remembrance.
 - ☐ **Completion Checklist** (this page)
 - ☐ **Packing Checklist**
 - ☐ **Transportation Details**
 - ☐ **Contacting Your Camper While At Camp**

- II. Items that need to be handed in to Dan Greene **ASAP or but no later than May 30th, 2021** along with a **minimum deposit of \$20** (or full payment of \$280, ex. a \$20 deposit would leave a balance of \$260 to be paid by the time we leave for camp):
 - ☐ **Camper Information Sheet**
 - ☐ **Camper/Parent Liability Agreement**

- III. Items in this packet that need to be fully completed and turned in to Dan Greene by check-in time on the day we leave, **due June 13th, 2021**:
 - ☐ **Health Form**
 - ☐ **Camp Wesley Liability Waiver**
 - ☐ **Camp Wesley Photo Release Form**
 - ☐ ***Camp Wesley 10-Day COVID-19 Health Check**

*the 10-Day Covid-19 Health Check cannot be submitted any earlier than the day of departure

PACKING CHECKLIST

This checklist is provided to guide you as you pack for camp, and hopefully remind you of everything you need to bring to camp. Please be aware of the camp dress code when packing clothing. Also keep in mind that your clothes and shoes will get dirty! Be sure to clearly mark all items with your first and last name. Middle School Camp is not responsible for any lost or stolen items.

Due to limited space in vehicles, campers are allowed one suitcase and one “carry-on” item such as a backpack.

- ☐ Shorts (shorts must be at least finger-tip length, no short shorts)
- ☐ Jeans or long pants
- ☐ Shirts
- ☐ Sweatshirt or jacket
- ☐ Pajamas
- ☐ Socks
- ☐ Underwear
- ☐ Comfortable tennis shoes
- ☐ Flip flops, sandals, or water shoes
- ☐ Swimsuit (one piece/tankini's that do not show belly or back are ok. No bikinis)
- ☐ Beach towel
- ☐ Sunglasses
- ☐ Sunblock
- ☐ Bug spray
- ☐ Lip balm
- ☐ Hat or bandana
- ☐ Bible
- ☐ Journal
- ☐ Pen or pencil
- ☐ Shampoo
- ☐ Soap
- ☐ Toothbrush and toothpaste
- ☐ Deodorant
- ☐ Washcloth and towel
- ☐ Hairbrush and/or comb
- ☐ Hair ties
- ☐ Shower caddy or waterproof bag (to carry toiletries to bathroom)
- ☐ Flashlight
- ☐ Sleeping bag or bedding
- ☐ Pillow
- ☐ Water bottle
- ☐ Camera (with film/memory and batteries)
- ☐ Any medication the camper will need at camp (this must be checked in with the nurse)
- ☐ Money for the camp store (Camp Wesley t-shirts, hoodies, cinch sacs, sunglasses, coffee mug, etc.)
- ☐ An extra trash bag (to bring home bedding, dirty laundry, etc.)

Please do not bring...

- ☐ Cell phones
(campers wanting to call or text to check in are welcome to ask adult cabin leaders to use their phone)
- ☐ IPOD, tablet, video game devices or any personal devices

Camp Dress Code

- No spaghetti strap tops (straps should a minimum of two fingers' width)
- Shorts must be fingertip length when your arms are at your sides
- No visible underwear
- No bikini swimsuits (Swimsuits are only to be worn for swimming or boating)
- Shoes or sandals must be worn at all times outside the cabin area

TRANSPORTATION DETAILS

Drop Off

Please bring your students to Cornerstone Church of Licking County Sunday, June 13th by 1:30 p.m. (Lunch on your own, dinner will be served at camp.) The caravan aims to depart around 2:00p.m. We will get everyone checked in, go over some strategy, pray and leave at 2:15 sharp. Due to Camp Wesley policy, **we will need everyone to be wearing masks until we are loaded into vehicles.**

Students may bring a suitcase, a carry-on and bedding (please label EVERYTHING). Do not leave luggage unattended. We are packing everything into vehicles this year so please...pack consciously of those constraints.

Be sure to check in **all medications** with Tiffani Dorn (our leader who daylights as a physician's assistant) before loading luggage into vehicles.

Caravan

If you are one of our wonderful parent drivers, please **arrive at Cornerstone on June 13th by 1:30 p.m.** with a **full tank of gas.**

If you are going to be part of the pick-up process on Friday, June 18th. **Please be at Camp Wesley by 12 noon.**

The two addresses we will be navigating to will be:

Camp Wesley
653 Township Road 37 E
Bellefontaine, OH 43311

Cornerstone Church
4905 Jacksontown Rd
Heath, OH 43056

Pick Up

We plan to arrive back to Cornerstone on **Friday afternoon, June 18th by 2:00 p.m.** This is a conservative estimate, but campers love arriving back to find their loved ones waiting for them!

CONTACTING YOUR CAMPER WHILE AT CAMP

CAMPERS LOVE RECEIVING MAIL!!! We will deliver mail daily (*it may take it a day or two to arrive, so if you intend for your camper to get it on Monday, you may want to mail it Saturday*). If you would like to send mail to your child while at camp, please send it to:

Child's Name
Camp Wesley
653 Township Road 37 E
Bellefontaine, OH 43311

Some parents send letters to their child before camp begins, so they have mail to welcome them when they arrive. If you send a "care package" to your camper **do not send snacks with nuts** due to allergies.

Should you need to contact your camper in the event of an emergency, please contact **Dan Greene** at **740-323-6221**. He will get back to you as soon as he is able. Thanks!

CAMPER INFORMATION

Camper's Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____ Gender (circle one): M F

Birthday: ____/____/____ Age while at camp: ____ Grade during 2016-2017 school year: _____

T shirt size (adult sizes, circle one): S M L XL XXL XXXL

Cabin Mate Request: You may pick a camper to be in the same cabin with you. This person must also put your name on his/her form. You may include a second choice. We are usually able to fill both requests, but they are not guaranteed.

1st choice: _____ 2nd choice: _____

Swimming ability (check one):

☐ Non-swimmer ☐ Beginner (swims in standing-depth water)

☐ Intermediate (swims in deep water) ☐ Advanced (experienced swimmer)

Please be sure to fill out and sign back side of this page

QUARRY CAMPER/PARENT LIABILITY AGREEMENT

I (name of participant), _____ acknowledge that I desire to participate in the Middle School Camp on June 13-18, 2021, which takes place at Camp Wesley in Bellefontaine, Ohio. My participation in any and all activities is voluntary and I agree to accept the risks of my participation including all risk of personal injury or death.

I (parent/guardian) _____ hereby grant permission for my child to participate in all activities and accept any risks involved in his/her participation as well as personal financial responsibility for any injury or loss sustained during the activities and hold Cornerstone Church of Licking County harmless for such injury or loss arising directly or indirectly from said activities. I release all photos, video and audio of my child for promotional purposes such as brochures, video, web pages, etc.

I release all officials and professional personnel from any claim whatsoever on account of first aid, treatment or service rendered to me during participation in these activities. This release contains the entire agreement between the parties. The terms of this release are contractual and not a mere recital.

PARTICIPANT'S SIGNATURE: _____

PARENT OR GUARDIAN SIGNATURE (consenting to a minor's participation under the foregoing terms and conditions):

_____ Date: _____



West Ohio Conference
United Methodist Church

Camps & Retreats

Otterbein | Wesley | Widewater

Health Form

Name _____ ☐ Male ☐ Female
Last First Middle Initial

Event Name & Date _____ / _____

Grade Entering in Fall _____ Age at camp _____ Birth date ____/____/____ First Time? _____
(Camp use only)

Home Address _____
Street City State Zip

Custodial parent/guardian _____

Home Address _____
(if different from above) Street City State Zip

Home phone _____ Cell _____ Work _____

Second parent or guardian or emergency contact: _____

Home Address _____
(if different from above) Street City State Zip

Home phone _____ Cell _____ Work _____

If not available in an emergency, notify: _____ Relationship to camper _____

Address _____
Street City State Zip Phone _____

Insurance Information

Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

If so, indicate carrier or plan name: _____

Name of Policy Holder _____ Group # _____

A photocopy of front and back of health insurance card MUST be attached to this form.

Name of family physician _____ Phone _____

Name of family dentist/orthodontist _____ Phone _____

Name of medical specialist _____ Phone _____

The following information must be filled in by the parent/guardian, or adult camper or staff member. The intent of this information is to provide appropriate care. Please keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon arrival at camp. Provide complete information so that the camp can be aware of your needs. All questions and blanks MUST be filled in or answered with at least "Yes", "No" or "N/A".

Allergies *(List all known)*

Medication Allergies (list)

Describe reaction and management of the reaction.

Food Allergies (list)

Other Allergies (list) *(e.g. insect stings, hay fever, asthma, ivy poisoning, animal dander, etc.)*

Medications Being Taken

Please list ALL medications *(including over-the-counter or nonprescription drugs)* taken routinely. Bring only enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician *(if a prescription drug)*, the name of the medication, the dosage, and the frequency of administration. All medications, including over-the-counter/nonprescription, must be turned in to the Health Officer at registration.

☐ This person takes NO medications on a routine basis.

☐ This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Med #4 _____ Dosage _____ Specific times taken each day _____

Med #5 _____ Dosage _____ Specific times taken each day _____

Med #6 _____ Dosage _____ Specific times taken each day _____

Attach additional pages if needed. Identify any medications taken during the school year that the participant does/may not take during the summer: _____

Restrictions

Please list any dietary restrictions that apply to this individual *(e.g. vegetarian, lactose intolerance, etc.)*

Explain any restrictions to activity *(e.g. what cannot be done, what adaptations or limitations are necessary)*

Explain any activities that need to be encouraged

Health History

The camper has had:

- ☐ Measles
☐ Chickenpox
☐ German measles
☐ Mumps
☐ Hepatitis A
☐ Hepatitis B
☐ Hepatitis C
☐ Rheumatic Fever
☐ TB Mantoux Test
 Date of last test _____
 Result: ☐ Positive ☐ Negative

Please give all dates of immunization for:

Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP		_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
Tetanus		_____	_____	_____	_____	_____	_____
Polio		_____	_____	_____	_____	_____	_____
MMR		_____	_____	_____	_____	_____	_____
or Measles		_____	_____				
or Mumps		_____	_____				
or Rubella		_____	_____				
Hemophilus Influenza B		_____	_____	_____	_____		
Hepatitis B		_____	_____	_____			
Varicella (chickenpox)		_____	_____				
Other _____		_____	_____				

General Questions (Explain "yes" answers below.)

Has/Does the participant:	Yes/No	Has/Does the participant:	Yes/No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/> <input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/> <input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/> <input type="checkbox"/>	19. Have any skin problems (itching, rash, acne)?	<input type="checkbox"/> <input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/> <input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/> <input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/> <input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/> <input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/> <input type="checkbox"/>	22. Had mononucleosis (mono) in the past 12 mo?	<input type="checkbox"/> <input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/> <input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/> <input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/> <input type="checkbox"/>	24. Have problems with sleepwalking?	<input type="checkbox"/> <input type="checkbox"/>
8. Wear glasses, contacts or protective eyewear?	<input type="checkbox"/> <input type="checkbox"/>	25. If female, has she menstruated?	<input type="checkbox"/> <input type="checkbox"/>
9. Had frequent ear infections?	<input type="checkbox"/> <input type="checkbox"/>	a) If no, has she been told about it with instructions?	<input type="checkbox"/> <input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/> <input type="checkbox"/>	b) If yes, does she have an abnormal menstrual history?	<input type="checkbox"/> <input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/> <input type="checkbox"/>	26. Have a history of bedwetting?	<input type="checkbox"/> <input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/> <input type="checkbox"/>	27. Ever had an eating disorder?	<input type="checkbox"/> <input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/> <input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/> <input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/> <input type="checkbox"/>	29. Ever had problems with homesickness?	<input type="checkbox"/> <input type="checkbox"/>
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/> <input type="checkbox"/>	30. Can the camper swim?	<input type="checkbox"/> <input type="checkbox"/>
16. Ever had back problems?	<input type="checkbox"/> <input type="checkbox"/>		
17. Ever had problems with joints (knees, ankles)?	<input type="checkbox"/> <input type="checkbox"/>		

Please explain any "yes" answers, including dates where applicable, noting the number of the questions.

Use this space to provide any additional information about the camper's behavior and physical, emotional, or mental health about which the camp should be aware.

First-Aid Care

Over The Counter Medications

(if you do not want your child treated with any of the following while at camp, cross it off & initial)

Camper Complaint	Medicine Administered (May be generic equivalent)
Minor aches & pains, headaches, toothaches or high temp.	Motrin or Tylenol
Itching, rash, poison ivy, insect bites or sunburn	Benadryl, Calamine, Aveno, 1% Hydrocortisone Cream, Technu, Aloe
Mild diarrhea (w/o other symptoms)	Imodium
Upset stomach	Tums, Pepto-Bismol
Minor cuts, scratches, abrasions	Triple antibiotic (Neosporin), Sterile Wipes
Mosquito, insect bites	Insect repellent, Skeeter Stik, After Bite
Itchy, watery eyes, sneezing, runny nose	Benadryl tablet
Stuffy nose	Sudafed
Sore throat	Throat lozenges
Sun exposure	Sunscreen

IMPORTANT—THIS BOX MUST BE COMPLETE FOR ATTENDANCE

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. *(Note: Parents will be contacted if the camper has an illness or accident that is of concern to the Health Officer and Director. Parents will be contacted/consulted in the event that a trip to Urgent Care, emergency room, or other off-site medical attention is necessary. In the event that the parents cannot be reached, the health officer or director will try to reach emergency contact person listed on page 1). I also give permission to the medical personnel to administer over the counter medications (as listed above) as deemed appropriate according to the camper's complaints or condition. The dosage or applications will be directed on the labels of each medication, and may be the generic equivalent. The completed forms may be photocopied for trips out of camp.

Signature of parent/guardian _____ Date _____

Screening Record (For Camp Use Only)

Date screened ____ / ____ / ____ Time ____ : ____ am / pm

Meds received? ☐ Yes (if yes, see page two)

Lice Check? ☐ Yes

Current health needs identified _____

Notes _____

Screened by _____

Release of Liability

Each United Methodist Camp and Retreat Center ("Camp") offers a variety of services and voluntary activities designed to enrich the participant's experience. These services and voluntary activities may include, without limitation, employment, volunteer opportunities, the provision of food, lodging and transportation, as well as the sponsorship of challenging and educational activities often associated with camping and the outdoors, such as hiking, boating, swimming, campfires, fishing, ropes courses, horseback riding and the like. Program participants, such as employees, volunteers, campers and guests, may have the opportunity to participate in one or all of these activities.

While each Camp will endeavor to assure the safety of employees, volunteers, campers and guests, there are unavoidable risks of injury—and even death—associated with camping and its related services and activities. **Consequently, a properly executed Release of Liability is required before anyone may participate in a Camp program or activity.** Such a Release of Liability is set forth below. If you are a prospective participant under eighteen years of age, one of your parents or your legal guardian must print his or her name below and then sign and date the line designated Parent or Guardian of Minor. If you are a prospective participant eighteen years of age or older, you must print your name below and then sign and date the line designated Adult Participant. You are encouraged to consult an attorney if you have any questions about the meaning of this document. In addition, you are encouraged to contact the Conference Camping office by phone at 1-800.437.0028 or e-mail to camps@wocumc.org if you have any questions about the services or activities provided at any Camp.

By signing below, I, _____ (print neatly the appropriate name as described above, either parent or guardian of minor participant, or participant age 18 and older) acknowledge and agree to the following:

1. I have read and understand the risks summarized above;
2. I understand that my participation in camp programs and activities and receipt of camp services is voluntary;
3. In consideration of participating in a United Methodist Camp(s) program or activity, I expressly assume the risks of such attendance. Further, for myself and on behalf of my executors, administrators and heirs, I release and hold the West Ohio Conference of the United Methodist Church and the United Methodist Camp(s) I attend, including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from my attendance at a United Methodist Camp(s) or participation in a related program or activity for injury to my person or property or my death caused by the negligence of these entities and/or individuals;
or (as appropriate);
4. In consideration of my child's participation in a United Methodist Camp(s) program or activity I, for myself and on behalf of my minor child and our executors, administrators and heirs, release and hold the West Ohio Conference of The United Methodist Church and the United Methodist Camp(s) my child attends, including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from my child's attendance at a United Methodist Camp(s) or participation in a related program or activity for injury to my child or his or her property or his or her death caused by the negligence of these entities and/or individuals.

Parent or Guardian of Minor
(IF PARTICIPANT IS UNDER AGE 18)

Date

Adult Participant
(IF PARTICIPANT IS AGE 18 OR OLDER)

Date

Printed Name of Participant: _____

Consent To Use Voice & Image

We respect and want to protect the privacy of those we serve. We, therefore, thought you would like to know that at some point during your attendance at a United Methodist camp, we might ask to photograph, videotape, film and/or interview you. We might do this because we believe that our campers, volunteers, participants and staff offer great reasons to attend a United Methodist Camp, and we would like to be able to show you off by publishing in good taste some of the photographs, video, film and/or interviews for promotional purposes. To this end, the purpose of this document is to ask your permission in advance to capture your voice and image and possibly publish them in a United Methodist medium. Accordingly, if you are willing to give us such permission, please read carefully and then execute this Consent to Use Voice and Image. If you are a participant age 18 or older, please sign the line over the designation "Signature of Adult Participant." If you are a camper or staff member under age 18, one of your parents or your legal guardian must give us permission on your behalf by signing the line over the designation "Signature of Parent or Guardian."

By signing below I acknowledge and agree to the following:

1. I give my permission to the West Ohio Conference of The United Methodist Church and the United Methodist Camps, including the owners, trustees, officers, employees, agents and volunteers of these entities, to photograph, videotape, film and/or interview me during my attendance at a United Methodist Camp for the purpose of promoting or reporting on the United Methodist Camps.
2. I, at any time, may decline to be photographed, videotaped, filmed and/or interviewed.
3. I give my permission to the West Ohio Conference of The United Methodist Church and the United Methodist Camps, including the owners, trustees, officers, employees, agents and volunteers of these entities, to publish any such photographs, video, film and/or interviews for the purpose of promoting or reporting on the United Methodist Camps. Further, I understand that publication may include, without limitation, use of any such photographs, video, film and/or interviews on United Methodist websites, brochures and/or videos dealing with the United Methodist Camps.

- ☐ Yes, I give permission for myself, (Adult Participant) or my child to be photographed
- ☐ No, I do not give permission for myself, (Adult Participant) or my child to be photographed**

Signature of Parent or Guardian *Date*
(If participant is under age 18)

Signature of Adult Participant *Date*
(If participant is age 18 or older)

Printed Name of Parent or Guardian

Printed Name of Participant

***By checking "no" you child's pictures WILL NOT be posted on Bunk1,
our password-protected online photo gallery for parents.*

Camper Name: _____

Session: _____

Pre-Camp Health Screening

Dear Camp families,

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 14 days prior to camp. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on opening day.

Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

Symptoms (symp):

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please initial

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial _____
2. No one in our household has been sick in the 14 days prior to camp. Initial _____
3. My child has not traveled by air or traveled out of state in the 14 days prior to camp. Initial _____
4. My child has adhered to our state's guidelines regarding COVID19. Initial _____

Start date of
temperature/
symptom
screening:

Day:	14	13	12	11	10	9	8
Temp/ symp							
Day:	7	6	5	4	3	2	1
Temp/ symp							

Our signature indicates that we completed this health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers.

Parent Signature: _____ Date: _____

Camper Signature: _____ Date: _____

created by Eleanor Matthews, RN 2020