

Cabin



Camper Last Name, First Name

CAMP WAKESHMA

Camper Confidential

YES NO

Check yes or no for the following questions. If any answer is yes, please describe in the area below the question. Use space on back of page if needed.

		1. Has your child ever spent time away from home with relative, friends, vacation? What was the duration of the trip?
		2. Has your child ever been to Camp Wakeshma? How many years? When?
		3. Has your child ever been to another camp? What camp? When? What was the duration of the camp experience?
		4. Does your child participate in any community or outreach groups?
		5. Has your child ever lived with anyone other than current parent/guardian?
		6. Has your child ever been placed in foster care or other residential setting?
		7. Has your child had any emotional or behavioral challenges in school, at home, or anywhere else?
		8. Does your child have any emotional or mental impairment such as Attention Deficit Disorder, Hyperactivity, Depression, or Dyslexia?
		9. Is there any recent event that may cause your child to be unhappy at camp (divorce, death in the family, etc.)?
		10. Does your child have any fears that may be faced at camp (dark, water, etc.)?
		11. What does your child enjoy doing during free time?
		12. How do you feel Camp Wakeshma will benefit your child?
		13. Does your child wet the bed?
		14. Has your child had any swimming experience? What level? <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

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CAMP WAKESHMA

Camper Release Form

Parent/Legal Guardians Names

Home Phone

Work Phone

Cell Phone

I authorize Camp Wakeshma staff to Release my child to either one of the following individuals who is known to my child.

Name

Relationship

Address

Cell Phone

Name

Relationship

Address

Cell Phone

Signature of Parent/Guardian

Date

Person(s) my child may **not** be released to:

Name

Relationship

Name

Relationship

Name

Relationship

Office use only

OUT:

IN:

OUT:

IN:

OUT:

IN:

LAST DAY SIGN-OUT:

Signature of approved person

LAST DAY SIGN-OUT:

Signature of approved person

LAST DAY SIGN-OUT:

Signature of approved person



CAMP WAKESHMA

Summer Camp Packing List

We recommend bringing the following items to camp.
Make sure all items are labeled with the camper's name.



CLOTHING

- Swim suit
- Sandals
- Athletic shoes
- Athletic socks
- Pajamas
- Underwear
- Shorts
- T-shirts
- Sweatshirt/Fleece
- Rain jacket
- Long pants
- Hat



LINENS

- Sleeping Bag
- Pillow
- Bath Towel
- Beach Towel
- Washcloth



BAND CAMP ONLY

- Collapsible music stand
- Instrument
- All equipment you'll need for practice/performance



TOILETRIES

- Toothbrush
- Toothpaste
- Soap (or body wash)
- Shampoo/Conditioner
- Hairbrush/Comb
- Lip balm
- Medications (must be handed in at check-in)



OTHER

- Sunblock
- Bug repellent
- Laundry bag
- Writing supplies
- Sunglasses
- Water bottle
- Camera
- Flashlight
- Sharpie

DO NOT PACK THE FOLLOWING

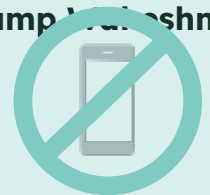
Knives, archery or riflery equipment, matches or lighters, fireworks, gum, fans, radio, cash, anything glass, irreplaceable keepsakes, valuables including jewelry or watches, or TV.

NO SILLY STRING!

REMEMBER

Immediate dismissal from camp will be a result of smoking, drugs, alcohol, weapons, or pornographic material. All medication must be turned in to the health care personnel upon arrival to camp (see health form for labeling instructions).

Cell phones are NOT allowed at Camp Wakeshma.



DONATE

Camp appreciates donations at check-in of the following:

- Sunscreen
- Bug spray
- Paper cups
- Ping pong balls
- Fishing line/lures

or visit campwakeshma.com/donations



HEALTH HISTORY FORM

GENERAL INFORMATION

Name _____ Gender Male Female
Last First Middle

Address _____
Street City State Zip

Social Security Number _____ Birthdate ____/____/____ Age at Camp _____

Custodial Parent/Guardian _____

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

Phone _____ Alt. Phone _____

Second Parent/Guardian or Emergency Contact _____

Phone _____ Alt. Phone _____

If not available in an emergency, notify _____

Relationship _____ Phone _____ Alt. Phone _____

INSURANCE INFORMATION

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

If so, please indicate carrier or plan name _____

Group or Identification # _____

Contact name for insurance questions _____

****A photocopy of the front and back of health insurance card must be attached to this form.**

MEDICAL TREATMENT RELEASE

This health history is correct and complete as far as I am aware. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to Camp Wakeshma staff to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for Camp Wakeshma staff to arrange for related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photo copied for trips out of camp.

Signature _____ Date _____

CAMPER NAME: _____

HEALTH HISTORY

The following information must be filled in by the parent/guardian. The intent of this information is to give camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon camper's arrival at camp. Please provide complete information so that the camp staff can be aware of your child's needs.

ALLERGY INFORMATION

Please list all allergies that you are aware of. Please include specifics regarding type of reaction and the management thereof.

Medication Allergies: _____

Food Allergies: _____

Other Allergies: (insect stings, hay fever, asthma, animal dander, etc.) _____

MEDICATION INFORMATION

Please list **ALL** medications (including over-the-counter or non-prescription drugs) taken routinely. Bring 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.

This camper takes NO medication on a routine basis.

This camper takes the following medication as recorded below:

Med #1: _____ **Dosage:** _____ **Times Taken:** _____

Reason for Taking: _____

Med #2: _____ **Dosage:** _____ **Times Taken:** _____

Reason for Taking: _____

Med #3: _____ **Dosage:** _____ **Times Taken:** _____

Reason for Taking: _____

Med #4: _____ **Dosage:** _____ **Times Taken:** _____

Reason for Taking: _____

****Please attach additional page for more medications.**

Please identify any medications taken during the school year that the camper does/may not take during the summer: _____

RESTRICTION INFORMATION

Please list any dietary restrictions that this camper may have: _____

Please list any activity restrictions or limitations: _____

GENERAL QUESTIONS

HAS/DOES THE CAMPER:	YES	NO		YES	NO
1. Had any recent injury, illness or infectious disease?			15. Ever been diagnosed with a heart murmur?		
2. Have a chronic or recurring illness/condition?			16. Ever had back problems?		
3. Ever been hospitalized?			17. Ever had problems with joints?		
4. Ever had surgery?			18. Bringing an orthodontic appliance to camp?		
5. Have frequent headaches?			19. Have any skin problems (rash, acne, eczema)?		
6. Ever had a head injury?			20. Have diabetes?		
7. Ever been knocked unconscious?			21. Have asthma?		
8. Wear glasses, contacts, or protective eyewear?			22. Had mononucleosis in the past 12 months?		
9. Ever had frequent ear infections?			23. Had problems with diarrhea/constipation?		
10. Ever passed out during or after exercise?			24. Have problems with sleepwalking?		
11. Ever been dizzy during or after exercise?			25. If female, have an abnormal menstrual history?		
12. Ever had seizures?			26. Have a history of bed-wetting?		
13. Ever had chest pain during or after exercise?			27. Ever had an eating disorder?		
14. Ever had high blood pressure?			28. Ever had emotional difficulties for which professional help was sought?		

Please explain any "yes" answers, noting the number of the questions. ****Attach page if needed****

PHYSICIAN INFORMATION

Name of Family Physician: _____ Phone: _____

Address: _____

Name of Family Dentist/Orthodontist: _____ Phone: _____

Address: _____

