COMPASS Kids Camp
June 4-8, 2018

INFORMATION PACKET

PARENTS:

We are excited that your child will be joining us for a high quality, high energy camp that will be like none they have ever experienced at Hesperus. There are a lot of changes taking place and all of them will make their experience much richer. Take some time to read through the information to help prepare your child for a fantastic camp experience.

THE BASICS

Cost
Camp this year is $205/person (Early Registration) or $245/person (Standard Registration)

Beginning and Ending Times
Camp begins at 2:30 pm on Monday, and ends at 10:00 am on Friday.

Cabin Assignments
Your child will be in a cabin with sponsors and other students from your church group as well as those from other churches

Spending Money
All aspects of your child's camp experience are covered by the camp registration fee except for discretionary spending money. This money would be needed if your child wants to purchase items from the concession stand in the afternoon or evening or if they want to purchase a souvenir such as a cap or t-shirt. Most concession items are under $2.00 and most souvenir items are under $20.

Guest Meals
Campers may invite guests to any meal. Please notify the camp office or kitchen the day before the guests arrive and arrange for payment. Guest meals cost $8.00 each.

Medical Treatment
A nurse or qualified medical staff will be in residence at camp. **All children and adults must leave all medications and vitamins with the medical staff at registration for the safety of all campers.**

Phone
Call the camp office at (970) 385-4389 to contact someone in an emergency.

REGISTRATION CHECKLIST

This is your child's registration checklist and any items not completed will mean that they won't be able to participate in camp. Please be sure you have started the process early so that you do not miss critical deadlines.

- ☐ **Register** - Fill out your Camper Registration Form.
- ☐ **Parent Signature** - Have your Camper Registration Form signed by parents/guardians.
- ☐ **Camper Signature** - Sign the CAMPER CONDUCT AGREEMENT at the end of the Camper Registration Form.
- ☐ **Immunization** – Complete the attached Immunization Certificate (or sign an exemption form).
- ☐ **Physical** - Attach a copy of your physical performed within 24 months of the start of camp.

Each of these items **MUST** be completed and turned in to your church leader. All of this information is due at Hesperus Camp **10 days before the event starts.**

COMPASS Kids Camp
June 4-8, 2018

CAMPER:

We are excited that you will be joining us for a high quality, high energy camp that will be like none you have ever experienced at Hesperus. There are a lot of changes taking place and all of them will make your experience much richer. Take some time to read through the information to help prepare you for a fantastic camp experience.

You will have an incredible opportunity to meet new people, make new friends, participate in worship, study the Bible, have crazy fun recreation, enjoy campfires, and just have a good time with other campers your age. This time can be one of the most memorable times of your life if you will plan to engage the opportunities offered you.

We can't wait to be a part of your experience and look forward to your arrival. See you soon!

WHAT TO BRING TO CAMP

Hesperus is a camp set high in the Rocky Mountains at over 8000'. Even during the summer time nights are cool and stormy weather can occur on short notice. Please make sure everything about your packing takes this into consideration. You will also want to make sure all of your items are labeled with your name.

- ☐ Bedding/Pillow for a twin size bed (sleeping bags work great)
- ☐ Shirts & Shorts/Jeans (shorts must not be shorter than midway up the thigh)
- ☐ Socks/Underwear (bring extra socks)
- ☐ Shoes (comfortable athletic shoes, 2 pair recommended)
- ☐ Toiletries (toothbrush, toothpaste, soap, shampoo, contact solution, etc)
- ☐ Jacket or sweater
- ☐ Towel & Wash Cloth
- ☐ Water Bottle
- ☐ Bible, Pencil, and Paper
- ☐ Sunscreen
- ☐ Insect Repellent
- ☐ Flashlight
- ☐ Swimsuit and extra towel
- ☐ Spending Money (snacks, t-shirts, etc.)

(Remember: Girls, no bare midriffs or spaghetti straps; guys, no sagging.)

Items to leave at home: Drugs (unless prescribed by a doctor), alcohol, tobacco, fireworks, firearms, all electronic devices.

PROGRAMMING INFORMATION

Activities:

Tandem Zip Lines
Disc Golf
Basketball
Volleyball
9 Square in the Air
Gaga Ball
Horseshoes
Field Games

hesperus CAMP

COMPASS Kids Camp

June 4-8, 2018

FOR OFFICE USE ONLY

- ☐ Information
- ☐ Release Signature
- ☐ Conduct Signature
- ☐ Immunization
- ☐ Physical (if >3 days)

MINOR REGISTRATION FORM

Please complete each page of this form and give it to your group leader.
Campers without a completed registration form will not be allowed to participate in camp.

CAMPER INFORMATION

Camper's Name (first) _____ (last) _____

Birth Date (mm/dd/yyyy) _____ Age _____ Gender _____ Grade (current or completed) _____

Physical (NOT Mailing) Address _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

T-Shirt Size: **Adult** ◯S ◯M ◯L ◯XL ◯2XL

What Church/Group are you coming to camp with? _____

Parent/Guardian

Name (first) _____ (last) _____ Relationship _____

Physical Address (if not camper's address) _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ E-Mail _____

Place of Employment _____ Employer Address _____

Emergency Contact

Name (first) _____ (last) _____ Relationship _____

Physical Address _____ City _____ State ____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

Persons authorized to take camper from camp

Name _____ Relationship _____

Physical Address _____ City _____ State _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

Name _____ Relationship _____

Physical Address _____ City _____ State _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

Persons NOT authorized to take camper from camp.

Name _____ Relationship _____

Name _____ Relationship _____

Activities Restriction: Camper MAY NOT participate in _____

HEALTH INFORMATION

Hesperus Camp operates under a Child Care License in the State of Colorado. To maintain that license, we must strictly adhere to a number of guiding laws pertaining to medical issues. Escalating regulations require us to operate in an increasingly restrictive manner, which we understand may cause unfortunate inconvenience and cost to you. As such we are striving to streamline the process and eliminate any confusion, with the ultimate goal of having an incredible camp experience. Please read and understand the following regulations and procedures. Please call us if you have questions or need clarification: (970) 385-4389.

These medical regulations fall into five primary categories, each of which affect our ability to serve an individual as a guest. Below are listed each category and an explanation of the laws pertaining to it.

HEALTH HISTORY

Each guest must furnish a health history which indicates communicable diseases and chronic illnesses or injuries the individual has had, any known drug reactions and allergies, medications being taken, and any prescribed dietary needs.

Please list all communicable diseases with which your child has had contact in the last two weeks. (common cold, strep throat, pink eye, etc.) _____

Check if your child has or had the following:

☐ Asthma ☐ Diabetes ☐ Heart Trouble ☐ Seizures ☐ ADHD
☐ Mumps ☐ Measles ☐ Chicken Pox ☐ Headaches
☐ Other (such as Health Concerns over 8000' elevation) _____
☐ Surgeries & Dates _____

Date of last tetanus shot _____

Allergies: Check if individual is allergic to: ☐ Insects ☐ Foods ☐ Drugs
Please describe _____

Dietary Needs:
We strive to offer standard menus that provide options for common personal dietary PREFERENCES. Regarding **medically prescribed dietary RESTRICTIONS**, or NEEDS, we can work to accommodate them in a specialized manner. Please let us know what NEEDS are present so that we can be prepared to meet them. Please remember that **the individual has responsibility to know, understand, and adhere to their restrictions**.
Medically Prescribed Dietary NEEDS: _____

MEDICATIONS

By law, a licensed physician must supervise our processes, train us, and then legally delegate to us the permission to provide any health service. In so doing, the physician is personally liable for our actions and their medical license is in jeopardy. The following regulations have no flexibility. Home remedies and homeopathic medications MAY NOT be administered at camp.

ALL MEDICATIONS, whether PRESCRIPTION or OVER-THE-COUNTER (OTC), whether topical or oral (including vitamins) must be checked in upon arrival at camp, and can only be administered by certified staff. The only exceptions are rescue inhalers and Epi-Pens (accompanied by written Physician and Parent authorization), which the individual must carry with them always. The regulations also require that absolutely **NO** medications may be administered to your child without a **HEALTH CARE PROVIDER AUTHORIZATION form**. As such, your physician must specifically authorize ANY medication your child may potentially need, such as Benadryl, Pepto Bismol, Tylenol, etc., and **you must send it with your child**. **The camp will not provide OTC medications**. **If a need arises for medication for which we have no authorization, utilization of Urgent Care or the Emergency Room will be our only option.** To comply:

- each medication must be accompanied by a ***HEALTH CARE PROVIDER AUTHORIZATION to ADMINISTER MEDICATION*** form, and the form must be signed by the PHYSICIAN and the PARENT. A form is attached. Please make as many copies as needed. You may already have a form for this purpose, and it may be used if it contains the exact information required by our form.
- each medication must be in the **ORIGINAL PHARMACY LABELED CONTAINER** (including OTC medications).

Health Care Provider Authorization to Administer Medication

Child's Name: _____ Birthdate: _____

MEDICATION 1: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____
To be given at the following time(s): _____
Special Instructions: _____
Purpose of medication: _____
Side effects that need to be reported: _____

MEDICATION 2: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____
To be given at the following time(s): _____
Special Instructions: _____
Purpose of medication: _____
Side effects that need to be reported: _____

MEDICATION 3: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____
To be given at the following time(s): _____
Special Instructions: _____
Purpose of medication: _____
Side effects that need to be reported: _____

MEDICATION 4: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____
To be given at the following time(s): _____
Special Instructions: _____
Purpose of medication: _____
Side effects that need to be reported: _____

Health Care Provider Name **License Number** **Phone**

Health Care Provider Signature **Date**

I, the parent/guardian of _____ give permission for Hesperus Camp medical staff to administer the above stated medication according to the Health Care Provider's instructions, and for the Provider to share medical information with camp staff. I understand that:

- PRESCRIPTION MEDICATIONS must be in the original container upon arrival at camp. **Prescription medicines MUST have the original pharmacy label** with the above information, and the pharmacy information.
- OVER-THE-COUNTER (OTC) MEDICATIONS must be in the original container labeled with the child's name, and the dosage must match the signed Health Care Provider authorization.
- I MUST PROVIDE ALL MEDICATIONS, as Hesperus Camp will NOT provide any medications.

Parent/Guardian Name Parent/Guardian Signature Date

Home Phone Cell Phone Work Phone

*****Duplicate Form as Needed*****

IMMUNIZATIONS

Under our Child Care License, resident camps are, by definition, considered a school. Immunization laws apply equally to schools and camps, and utilize the same forms for both. The attached form is the official CO Certificate of Immunization. It must be completed as described at the top of the form. You are allowed by law to claim an exemption from this immunization requirement by means of a MEDICAL EXEMPTION, or by means of a NON-MEDICAL EXEMPTION (either religious or personal belief). If you wish to claim either of these exemptions you may download the appropriate form from our website at the link below:

www.hesperuscamp.com/immunizations

PHYSICAL EXAM

Under our Child Care License, each guest is required to submit a physical exam that has been conducted within 24 months of the first day of camp. The completed form must indicate any physical conditions which could limit the camper's activity, and any special care which will be needed. The attached form can be used, or you can submit the physician's form.

OTHER TREATMENTS

Under our Child Care License, we are disallowed from offering or administering certain topical applications without specific written parental consent.

The camp will assume, by your signature of this registration form, that you consent to administering of typical topical applications (such as bug spray, petroleum jelly, sunscreen, etc.) as deemed beneficial and according to product labels. ***Regarding sunscreen, the camp will assume that your child has been given adequate instruction at home about how to care for skin exposed to the sun, either by limiting exposure, applying a sunscreen, or by wearing appropriate clothing. We will assume that your child has brought with them everything they need (sunscreen or clothing) to fulfill your instructions.*** *The camp has sunscreen available at First Aid if they request it. We offer a* ***common brand of SPF 50*** *lotion. Your child will be instructed on, and responsible for, reapplication according to the label.*

If you **DO NOT AGREE** to these topical treatment policies, please indicate below by **INITIALING** next to your exception(s).

Bug Spray, Petroleum Jelly (Vaseline), etc.:

- I **DO NOT** authorize administration of typical topical applications such as Bug Spray, Petroleum Jelly (Vaseline), etc. _____

Sunscreen:

- My child may only use the sunscreen or clothing that I have provided for them. They will **keep it in their room** and will be responsible to use it. It is labeled with their name. _____

- My child may only use the sunscreen that I have provided for them. They will **turn it in to First Aid** and will be responsible to ask for it before going outside for extended periods. It is labeled with their name. _____

GENERAL INFORMATION

Family Physician _____ Phone (_____) _____

Physician's Address _____

Insurance Provider _____ Phone (_____) _____

Policy Number _____ Group Number _____

Additional Information: Anything we need to be aware of about your child to help us make their time at camp safe and enjoyable. (ex: sleep walking, drug mood changes, etc.) _____

_____

RELEASE AND WAIVER OF CLAIMS

In the event that my child should need emergency medical care or attention, Hesperus Baptist Camp (HBC) or any one of its agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to my child as is recommended or suggested by a health care professional.

If such emergency care is provided to my child, I understand that my child's health insurance information will be given to the health care professional and that any expenses not covered by my child's insurance shall be my responsibility. I understand that HBC will not be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.

There are instances when third party contractors are used to operate and supervise various events and activities (such as whitewater rafting). In those instances where third party contractors are used, I agree to hold harmless the third-party contractor and HBC for the action of these third-party contractors with respect to injury, disability, death, or loss or damage to person or property. I further agree that HBC is also not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I give authority and permission for my child to be transported from, or otherwise leave, HBC property as needed for the purposes of participation in supervised off-site program/recreational activities as described in the Parent Information Sheet. I understand that the risk of injury from any recreational activity (including whitewater rafting and zip lines) is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation and observing of such recreational activity.

Furthermore, in consideration of my child being allowed to attend HBC, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless HBC, its agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against HBC, its agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at HBC, and (2) injuries arising from the decision of HBC or its agents or employees to consent to the provision of emergency medical care to my child.

I give authority and permission to HBC, its staff or its agents to inspect my child's belongings while at HBC. I understand that HBC is a place where many students seek counsel and advice from adult leaders, staff, sponsors and others. I hereby consent to my child receiving spiritual counsel during their time at HBC.

I have received and read the Parent Information Sheet about HBC including the list of the recreational options and I have received satisfactory answers to all my questions about such information. **I understand that my child may not participate in camp without a current immunization record/waiver and a current health physical (physical is only required for events lasting more than 3 days).**

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Printed) _____ Relationship to Child _____

PHOTO RELEASE AUTHORIZATION

I understand that my child's image may be included in a video or in photographs that may be made at HBC. I consent that my child's image may appear on videos, promotional resources, camp-endorsed web sites, etc.

Parent/Guardian Signature _____ Date _____

CAMPER CONDUCT AGREEMENT

I understand that I am voluntarily participating in one exciting camp and that my actions and attitude affect others around me. I understand that there are rules and policies in place to protect me and my fellow campers, and I agree to follow those rules and policies. I commit to have a blast, be an encourager to others, respect my fellow campers and leaders, and to make this the most memorable time of my life!

Camper Signature _____ Date _____

COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com

COLORADO
Department of Public Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6th grade entry.

Student Name: _____ **Date of birth:** _____

Parent/guardian: _____

Required vaccines

	Immunization date(s) MM/DD/YY						**Titer date*** MM/DD/YY
Hep B Hepatitis B							
DTaP Diphtheria, Tetanus, Pertussis (pediatric)							
Tdap Tetanus, Diphtheria, Pertussis							
Td Tetanus, Diphtheria							
Hib *Haemophilus influenzae* type b							
IPV/OPV Polio							
PCV Pneumococcal Conjugate							
MMR Measles, Mumps, Rubella							
Measles							
Mumps							
Rubella							
Varicella Chickenpox							

Varicella - date of disease		**Varicella** – positive screen date	

*A positive laboratory titer report must be provided to the school to document immunity.

Recommended vaccines

	Immunization date(s) MM/DD/YY						
HPV Human Papillomavirus							
Rota Rotavirus							
MCV4/MPSV4 Meningococcal							
Men B Meningococcal							
Hep A Hepatitis A							
Flu Influenza							
Other							

Health care provider signature or stamp: _____ Date: _____

Student is current on required immunizations for age (circle one): Yes No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: _____ Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____

Last Reviewed: December 2017

Physical Exam Form

Camper/Sponsor Health Statement

Camper/Sponsor Name _____

According to Colorado Laws governing residential camps this form (or other qualifying physical exam form):

1. must be filled out and signed by camper's physician in order to attend camp
2. must have been completed no more than 24 months prior to the start date of camp
3. is suitable for repeated use for 24 months from the date of examination.

PHYSICIAN'S EXAMINATION

I have examined this individual and found him/her to be in satisfactory physical condition and capable of active participation in a residential camp program except as follows:

_____
_____
_____
_____
_____
_____

Signature of PHYSICIAN: _____

Printed Name of PHYSICIAN: _____

Date: _____

Address_____

Phone (_____)_____

Authorization for Administration of Medications

I hereby authorize the properly qualified health supervisor to administer medication which has been prescribed to the individual named above. The prescribed medication shall be from a licensed pharmacy, labeled with the name, address, and phone number of the pharmacy, name of the individual, name and strength of this medication, directions for use, date filled, prescription number, and name of prescribing physician.

Signature of PHYSICIAN: _____ **Date** _____

Please retain a copy of this form in your records for future use.

This form is good for 24 months from the date of the exam. It may be used repeatedly as needed during that 24 month period. Should you need a copy of this form for future events, Hesperus Camp **will not** search through previous records to find this form for you. Again, please retain a copy of this form in your records for future use.