

# 2018 Wisconsin District Family Camp

## Worker General Information

### GENERAL INFO

<b>LOCATION:</b>	WI UPCI Campgrounds - W7895 St. John's Church Rd. - Shawano, WI - 715-256-0111
<b>DATES:</b>	Sunday, July 1 – Friday, July 6
<b>SCHEDULE:</b>	See attached 2018 Family Camp Schedule
<b>DUE DATE:</b>	Staff Application, forms, and payment (if applicable) must be postmarked by May 31
<b>COST:</b>	Free for Staff (see Family Camp Staff Payment Form for cost of family members of staff)
<b>AGES:</b>	Workers must be at least 18 years old
<b>GOT CHILDREN?</b>	Workers wanting to bring children under the age of 18 must receive special permission from the Camp Registrar, Sis. Paula Herman.

**FORMS TO SEND IN:** Please send in the following forms to ensure your registration is complete.

- Worker Application Form - include fee (if applicable) – Your pastor's signature is required!
- Worker Background Questionnaire
- Worker Authorization for Criminal Record Check
- Health Screening

**HEALTH ASSESSMENT CHECK:** If a worker has not had a physical assessment done, with proper documentation and signatures, a free assessment will be done at the time of registration. **(Please note that health assessments can be done for free or a minimal charge at your local health department.)**

### PAYMENT

Due to rising camp costs, workers who bring children under the age of 18 or non-staff spouses must pay a fee. Please indicate payment method on the registration form and send in your payment with the forms.

### REGISTRATION/DISMISSAL

- Workers need to report to their department head on SUNDAY, July 1st to receive further instruction for the week
- Workers must pass a head check for lice as part of the registration process
- Workers are responsible for making sure their rooms and the campgrounds are cleaned before leaving at the end of camp

### JOB DESCRIPTIONS

**DORM COUNSELOR** – A Family Camp dorm counselor will have students ages 17 & under.

**KITCHEN** – A worker involved in the kitchen will assist in the preparation, serving, and cleanup of meals at camp.

**CANTEEN** – A worker involved in the canteen will assist in the operation of the canteen snack stand during camp.

**SANITATION** – A worker that is part of the sanitation crew will be responsible for maintaining the cleanliness of the campgrounds

through camp. This includes cleaning bathrooms, taking out trash, and other miscellaneous sanitation duties.

ALL Kitchen, Canteen & Sanitation staff are required to have sturdy closed toed shoes to wear while performing duties.

Flip-flops and sandals are not to be worn while working in these areas by WI Health Department Law.

### Services

Camp staff members are expected to be in services as much as possible. It is understood that some parts of your job may interfere with being on time for services, but skipping service is not acceptable.

# **2018 Wisconsin District Camp Worker General Information (Cont.)**

## **CAMP RULES:**

- Smoking, tobacco products, alcohol, and non-medical drugs are forbidden
- Fireworks, firearms, weapons of any kind, or any other dangerous substances are forbidden
- Workers are not to share non-prescription medications – if something is needed, workers should see the camp nurse
- All campers and workers will be treated with respect

## **DRESS CODE:**

We ask that all workers dress modestly at all times, understanding that guidelines have been put in place that may differ from personal conviction. If clothes are not acceptable, workers will be instructed to change their clothing.

### **EVERYONE**

- Clothing with suggestive or inappropriate logos or slogans is not to be worn
- Clothing with writing on the buttock area, earrings, body piercing, bracelets, and necklaces should not be worn. Only promise, engagement, and wedding rings are allowed

### **LADIES**

- Skirts and dresses should be below the knee
- Inappropriately tight or ripped clothing is not allowed
- Necklines should be modest, and abdomens should not show with movement – no sleeveless or capped sleeve tops
- Pants, gauchos, shorts (even baggy shorts), should not be worn – however modest culottes, below the knee, will be allowed during times of recreation
- Make-up is not to be worn. No colored finger/toenail polish

### **MEN**

- Shorts, cut-offs, and inappropriately tight or ripped pants, are not allowed
- Muscle shirts, tank tops, and capped sleeves are not to be worn – in addition, abdomens should not show with movement
- Hair is to be an appropriate short length – if staff feels hair is unacceptable, workers will be asked to cut or pin up their hair

## **DISCIPLINE:**

A written disciplinary policy will be followed by staff. Mistreatment of expected guidelines may result in worker being sent home.

## **WHAT TO BRING:**

The following list is a guideline for what to bring to camp

### **Dorm Room**

- Linens / sleeping bag / blanket, pillow, alarm clock

### **Clothes**

- Casual clothes for morning services and during the day, dressy clothes for evening services
- Nights at camp get chilly, so a sweatshirt or light jacket is recommended

### **Personal Care Items**

- Appropriate robe, shower shoes/flip flops, deodorant, shampoo, soap, towels, etc.

### **Miscellaneous Items**

- Bug spray, sunscreen, umbrella, mini-fan for church, Kleenex, safety pins

**WISCONSIN DISTRICT - UPCI  
2018 FAMILY CAMP  
SCHEDULE**

7:00 AM	<b>Prayer</b> <i>Under the direction of Rev. Michael Hook and the WI Revival Commission</i>	Tabernacle
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8:15 - 9:00 AM	Breakfast	Dining Hall
9:30 AM	Pre-Service Prayer	Tabernacle
10:00 AM	<b>Morning Bible Class</b> <i>Morning Bible Teacher –Dr. James Littles</i>	Tabernacle

**Children's Classes**

Ages 3-5 Ages 6-11 <i>Children 3-5 may be brought to class at 9:50 a.m. All classes will be dismissed at 12 Noon. Small children are to be picked up by their parents ONLY!</i>	Dining Hall - West Children's Chapel
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12 Noon	<b>Choir Practice</b> <i>Immediately after morning service Directed by Libbi Solberg</i>	Tabernacle
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4:15—5 p.m.	Supper – Served until 5 p.m.	Dining Hall
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7:00 PM	<b>Evening Service</b> <i>Evening Evangelist – Rev. Jason Sciscoe</i>	Tabernacle
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7:00 PM	<b>Children's Church</b> Ages 5-11 <i>Children's Evangelists— Rev. Daniel &amp; Sis. Marilyn Gums</i>	Children's Chapel
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*Be sure to take time during this week to check out the great 9 hole disc-golf course.  
Stay on the grounds during the afternoon and check out the canteen specials  
for lunch and for great late night munchies!*



# 2018 Wisconsin District Camp

## Worker Application Form

### WORKER INFORMATION

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

This is my first Family Camp as staff? (circle one)? YES / NO

### CHURCH / PASTOR INFORMATION

Pastor Name: \_\_\_\_\_ Church Name: \_\_\_\_\_

City: \_\_\_\_\_

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Please choose the department(s) you are willing to work in for Family Camp.

☐ Kitchen    ☐ Dorm Counselor    ☐ Sanitation    ☐ Grounds Clean-up    ☐ Canteen

### REQUIRED SIGNATURES

**Worker:** I have read the guidelines and expectations of WI District Camp and agree to abide by them and conduct myself in an appropriate manner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pastor:** (Please note, a Wisconsin pastor must sign for workers)

The above worker is in good standing with my church, and I give my Pastoral approval for them to work at WI District Family Camp.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:**

**Send worker application to:**

Sis. Paula Herman, Camp Registrar

PO Box 670

Reedsburg, WI 53959

(POSTMARK BY May 31st )

**OFFICE USE ONLY:**

**WORK AREA:**

# Wisconsin District UPCI— Family Camp Info & Guidelines

## REGISTRATION

1. All pre-registration forms must be received by the District Office no later than **Wednesday, June 6 or incur a \$20 late fee.**
2. All registration forms must be signed by a Pastor *affiliated* with the WI District UPCI. Any changes to an application must be initiated by the Pastor or by contacting the Camp Registrar.
3. Attendance in the morning and evening services is expected.
4. No lodging or sites will be reserved until full payment is received by the Registrar along with a signed registration form.
5. Persons of the opposite sex may not room together unless married or related family members. This includes all RV sites, tent sites, and rooms.
6. Check out time for all sites/dorms is 1:00 pm. If the site/dorm is not cleaned and vacated on time, a late fee of \$10.00 will be applied.
7. Should lightning strike the campground, the WI District UPCI is NOT responsible for damage done to RVs or appliances. A surge protector is strongly recommended. You are encouraged to unplug appliances when not in use.

## RV SITES/TENT SITES

1. All those who plan to park an RV in the RV park, or set up a tent in the tent site, must register with the Camp Registrar. Pre-registration is required for those who wish to check-in on Friday or Saturday before camp begins. *Additional charges will be added for Friday/Saturday. (There is NO early check-in for dorm rooms, except for staff.)*
2. The person registering for any site must be 18 years of age or older and be part of the group staying at that site. The registered person assumes full responsibility for the group.
3. All trash from trailer/tent areas should be put directly in the dumpsters located east of the office area, near the silo. Please **DO NOT** place your trash in the restroom receptacles. Under NO CIRCUMSTANCES should anything be left behind on check-out day that the campground needs to pay to have it disposed of. (Example: microwave, refrigerator, grill, carpet, LP tanks, etc.) If so, the registered person will be charged to cost of disposal.
4. An RV dump station is located near the Pines restrooms. Please contact the caretaker if you need assistance.
5. Campfires are permitted as long as they are contained in an acceptable container (e.g. fire-pit or grill) It is NOT PERMISSABLE to transport firewood onto to campgrounds from outside areas due to the spread tree diseased. *(See attached Firewood Movement document)*
6. Firewood may be purchased at the camp store near the basketball courts or by reservation on your registration form.
7. PLEASE DO NOT burn garbage in the firepits.
8. Only 2 vehicles max are allowed at each site in the RV park. Any additional vehicles can park in the parking area near the tabernacle. You may not park your extra vehicles in a site that you have not registered for.

## ROOMS/DORMS

1. Single persons must be at least **21** years old to rent an adult room . A married couple under 21 may rent an adult room.
2. When renting an adult room/dorm, you will need to bring: all bedding (bed pad, sheets, blankets), towels, toiletries, modest clothing for trips to and from the shower/restroom areas. Bed sizes are double, with most rooms also including twin bunks.
3. Beds or furniture MAY NOT be moved from room to room. If it is necessary for furnishings to be moved, you must receive permission from the office first.
4. Check-Out: Rooms/Dorms should be cleaning prior to check-out. This includes: vacuum/sweep, empty trash, close windows, turn off lights & AC/Heat, remove ALL personal items (including under the bed), remove all food from refrigerator, and clean sink, if applicable. All rooms will be inspected after camp and a fee of \$25.00 will be charged for any rooms/dorms left uncleaned.
5. If there are repairs or concerns with your room, please report them to the camp office in writing on the check-out list that will be posted on your door before the end of camp. Check-out forms should be left at the camp office before leaving the campgrounds.
6. If there are issues with any restroom or shower area, please contact the camp office during the day, or security personnel who will contact maintenance.

7. All registered persons are required to lodge in the room/dorm assigned to them at the time of registration. In the event a change is desired, it must be approved by the Camp Registrar prior to relocating.
8. If you rent a dorm room, you may not store personal items in another empty room that you have not paid for.
9. **Meal tickets MUST** be purchased if you are in a dorm room. No reduction in rates will be given if you choose to eat meals off-site. Meals are served for 45 minutes after meal time begins. Please be considerate of the kitchen staff and be on time. Shoes are required (*by law*) to be worn in the dining room.

## STAFF

1. All staff must fill out proper screening forms and will undergo a professional background check conducted by an appointee of the WI District UPCI.
2. Staff may arrive at camp early only if approved by the camp registrar and only if it is necessary to work prior to camp beginning.
3. Staff will be assigned to a room or group dorm depending on availability. Registered campers will be considered first.
4. Staff persons receive complimentary lodging. Their spouses and children must pay registration rates as listed the on registration form unless they are *working* staff.
5. Staff members may bring a tent or trailer for housing. Those on the site who are not staff will be expected to pay registration rates as listed on the registration form unless they are *working* staff.
6. Staff members are expected to attend services as their work schedule allows. Department heads will determine schedules for each staff member in their area.
7. Kitchen, canteen and sanitation workers are REQUIRED by the WI Health Department code to have sturdy close-toed shoes. Tennis shoes are acceptable, but a leather shoe is preferred.
8. GOLF CARTS are provided for certain staff and administration of the camp. **Drivers of golf carts must be 18, insured, and have a valid drivers license. This will be strictly enforced.** Each staff member will be required to sign an agreement that carts will not be misused. Staff will be assigned a cart as determined by the camp office. **The cart may NOT be driven by ANYONE unless permission received by the Camp Registrar. By signing the agreement form, you are accepting ALL LIABILITY for that cart assigned to you.**

## MEDICAL SCREENINGS—ALL campers under 18 years old & Staff

All kitchen personnel, counselors, administrative personnel, and people under the age of 18 staying on the campground must have a health screening. The Health Screening form is to be presented at the time of check-in at the camp office and will be kept on file on the campgrounds for 12 months. The Health Screen form is required by the State of Wisconsin Department of Health & Social Services.

## CURFEW

### ADULTS STAYING IN DORMS, TENTS OR RVs:

After lights out has been announced for single dorm areas, campers are required to be in their dorms, tent or trailer. Loud talking or excessive noise will not be tolerated. Camp security has the right to determine "lights out time" and to allow exceptions to responsible adults.

### CAMPERS UNDER 18 IN DORMS, TENTS & TRAILERS

-All single dorms will be provided with sign-out sheets for those wishing to leave the grounds in the afternoon. Single campers, under the age of 18, **not accompanied by a parent or guardian**, must have written consent from a parent or legal guardian before This must be given to the camp office before permission to leave the camp ground will be granted.

-Forms for parent or guardian permission may be obtained from your local pastor or the Camp Registrar.

-No one under the age of 18 may leave the campgrounds **after evening service** unless accompanied by a parent or the authorized guardian named on the written consent form.

-Each under-18 year old camper is to be in their dorm will all lights off once "Lights Out" is announced over the public address system. Camp security/staff will make a nightly check of each group dorm. If a parent or guardian is on grounds young people that have proper authorization may leave, but must be back on campground by 12:00 am/midnight.



**SINGLE CAMPERS OVER 18** are permitted to leave the campgrounds after the evening service; however, they must register the sign-out sheet and be back in the dorm by 1:00 am.

**All visitors to the campgrounds must leave by 1:00 am.**

**CHRISTIAN CONDUCT**

Conduct should always be that which is becoming to a Christian. Since Christian conduct is the Bible's rule and subject to interpretation, the Camp Administration reserves the right to define "Christian Conduct."

1. Unmarried couples are not permitted beyond the mowed camp area. At night they must stay within the lighted zones.
2. Boys are not permitted to escort girls to their dorms and vice versa.
3. MP3 players, radios, phones and CD players are acceptable, please play music that glorifies God and keep noise levels comfortable for those around you. Devices used to play ungodly music/videos etc. can be confiscated.
4. Televisions are not permitted.
5. All campers wishing to sing in the camp choir must comply with the camp dress code policy. Both men and ladies shall follow the applicable guidelines of the WI District Music Ministry.

**PETS**

NO pets are allowed during family camp except registered service dogs, trained for the physically impaired or search and rescue dogs.

**LAUNDRY MAT**

There is a public laundry mat located on the east side of the dining hall. Please do not leave your laundry unattended for long periods of time. If a problem arises, do not remove another's laundry from the machines, please contact the office staff to resolve the matter.

**TELEPHONE**

A calling card phone is available in the hall outside the office. *The office and kitchen phones are not to be used by campers.*

**CAMPFIRES**

All campfires are to be confined within an approved grill or "firepit." Firewood is available for purchase at the camp store. Please do not burn garbage in the firepits. There is a public fire pit near the volleyball courts, and the camp caretaker will start a fire for you in that location.

**FIREARMS & FIREWORKS**

Absolutely no guns, bow & arrows, or weapons of any other kind are allowed on the campgrounds. Fireworks (legal or illegal) are not permitted on the campgrounds. Authorized camp personnel are permitted to search the living quarters and vehicles of suspected violators. Any violator will forfeit the privilege of attending any of the District Camps for the balance of the year in which the violation occurs and for the following year.

**SMOKING, ALCOHOL, DRUGS**

Smoking, alcoholic beverages and recreational drugs are not permitted on the campgrounds. Authorized camp personnel are permitted to search the living quarters and vehicles of suspected violators. Any violator will forfeit the privilege of attending any District Camps for the balance of the year and the following year.

**NURSES STATION (Infirmary located in the camp office complex)**

- Medical staff is on-duty at all times.
- Office hours will be clearly posted.
- If you have an emergency off-hours, contact the camp office, security or kitchen staff who will locate medical personnel.
- Those under 18 years old, without a parent on grounds, and who have prescription medications, are required by WI State law to store their medications in the camp Infirmary and medical staff will administer it at the prescribed times.

**TRAFFIC & SPEED LIMITS**

1. The speed limit is 5 miles per hour on all camp roads.
2. Motor vehicles with excessive muffler noise are not permitted on the campgrounds.
3. No person is allowed to ride on the exterior of any motor vehicle, example: trunks, hoods, etc.
4. All vehicles must display a registration parking permit. The permit must be placed on the rearview mirror facing forward.

**Registered Camper Dress Policy**

**Everyone:**

- Clothing with suggestive or inappropriate logos or slogans is not to be worn.
- Clothing with writing on the buttock area, earrings, body piercing, bracelets and necklaces should not be worn. Only promise, engagement and wedding rings are allowed.
- Bracelets that hold medical info are also allowed.

**Ladies:**

- Skirts and dresses should fall below the knee
- Inappropriately tight or ripped clothing is not allowed.
- Necklines should be modest and abdomens should not show with movement.
- No sleeveless or capped sleeve tops are permitted.
- Pants, gauchos, shorts (even baggy shorts), should not be worn. Modest culottes, below the knee may be worn during times of recreation.

**Men:**

- Shorts, cut-offs, capris and inappropriately tight or ripped pants are not to be worn.
- Muscle shirts, tank tops and capped sleeves are not to be worn; in addition the abdomen should not show with movement.
- Hair is to be an appropriate short length. If staff feels hair is unacceptable they may ask that it be cut.

**CAMP AND PERSONAL PROPERTY**

- Benches, chairs and tables around the campground should not be moved without permission of camp staff.
- Graffiti to camp property is not accepted. Violators may be prosecuted.
- Please keep your valuables with you or locked in a vehicle at all times. Security regularly patrols the campgrounds during all services and throughout the night.
- The camp is not responsible for personal property that is misplaced or stolen due to it being left unattended.

**WHAT TO BRING:**

*The following list contains suggestions for what to bring to camp for a pleasant stay.*

**Adult Dorm Room or Group Dorm**— sheets (*bed pad if desired*) double for adult room, twin for group dorms, sleeping bag / blanket, pillow, towels, alarm clock, extension cord, fan, cooler.

**Clothes:** Casual clothes for morning services and during the day, moderately dressy clothes for evening services. Nights at camp get chilly, so a sweatshirt or light jacket is recommended.

**Personal Care Items:** Appropriate robe as you must go outside to use most bathrooms, shower shoes/flip flops, deodorant, shampoo, soap, towels, toothbrush, men: razor etc.

**Miscellaneous Items:** Bug spray, sunscreen, umbrella, hand held-fan for church, Kleenex, safety pins, clothes pins.

**Recreation:** sand volleyball courts, horseshoe pits, a 9-hole disc golf course (discs available at the camp office), Baseball field, obstacle course, BMX bike track, playground area for children. Bikes may be ridden on roads on the campgrounds and on the BMX track. There is also a public camp fire ring. Activities are planned for children each afternoon near the volleyball courts. In case of rain, listen for announcements.

## Family Camp Staff Payment Information

Worker	Free	
Children ages 0-2	Free	
Children ages 3-6	\$30 each	\$ _____
Children ages 7-11	\$40 each	\$ _____
Children ages 12-17	\$50 each	\$ _____
Unless working in area near parent, must be pre-approved by Camp office		
Ages 18+	\$90	\$ _____
Health Screen	\$10/per person under 18 No Charge for staff members	_____ # x10 \$ _____
		<b>TOTAL: \$ _____</b>

Please fill out a regular registration form for your family members who will be attending and have it signed by your pastor.

Enclosed is a check/money order in the amount of: TOTAL:\$ \_\_\_\_\_

OR:

Pay by credit card:

**It is preferable if you register on Access ACS, if you are already a member. If not, go to [upciwisconsin.church](http://upciwisconsin.church) to begin.**

**If you are not a member of Access ACS and want to become a member to make registrations easier in the future, please call Sis. Herman at the District Office to assist you to become a member of Access ACS.**

Please charge my ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

\_\_\_\_\_

Print Name as on Card above

\_\_\_\_\_

Card Number

Expiration: Month\_\_\_\_/Year\_\_\_\_ CVV:\_\_\_\_ Billing Address zip code\_\_\_\_\_

\_\_\_\_\_

Signature of Cardholder

# 2018 WI District Camp

## Worker Background Questionnaire

Please print using black or blue ink.

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### QUESTIONS

YES or NO

1. Have you ever been charged with committing a crime? \_\_\_\_\_ YES \_\_\_\_\_ NO

2. Have you ever been convicted of committing a crime? \_\_\_\_\_ YES \_\_\_\_\_ NO

3. Have you ever been investigated by any governmental agency for any form of abuse whatsoever? \_\_\_\_\_ YES \_\_\_\_\_ NO

4. Have you ever been accused of abuse of any kind by anyone? \_\_\_\_\_ YES \_\_\_\_\_ NO

5. Has anyone in your immediate family ever been investigated for child abuse or  
accused of abuse of any kind? \_\_\_\_\_ YES \_\_\_\_\_ NO

6. Has your driver's license ever been suspended? \_\_\_\_\_ YES \_\_\_\_\_ NO

7. Are you willing to sign an authorization for us to check your background? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you answered yes to any of questions #1-6 please use this space to explain the circumstances.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 2018 WI District Camp

## Worker Criminal Record Check Authorization

Please sign in the presence of a notary

I hereby authorize any person making inquiry on behalf of the Wisconsin District UPCI Camp, PO Box 670, Reedsburg, WI, 53959 to obtain any information from police departments and any other criminal justice agencies relating to any criminal record. This information may include, but is not limited to, arrest and conviction records. I hereby direct you to release such information upon request, whether favorable or unfavorable, to any representative of the above-named institution presenting this authorization or a photocopy or facsimile copy of it. In order to assist in the compilation of this information, I hereby give the following information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name(s) (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Aliases (if any): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby release any individual, including record custodians, from any and all liability for damages, of whatever kind or nature, which may at any time result to me an account of compliance, or any attempts to comply, with this authorization. This authorization shall be void six months from the date of execution.

A photocopy or facsimile copy of this document and any signature shall be considered for all purposes as an original.

\_\_\_\_\_  
Date Signature (Must sign in the presence of a notary)

(THE INFORMATION BELOW SHOULD BE FILLED OUT BY A NOTARY)

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_ by .

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Signature

# Wisconsin District Camp Health Screening

## SECTION 1: PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home Church: \_\_\_\_\_ City: \_\_\_\_\_  
Pastor: \_\_\_\_\_ Pastor's Phone: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Insurance Carrier Phone: \_\_\_\_\_  
Policy number: \_\_\_\_\_

## SECTION 2: EMERGENCY CONTACT

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## SECTION 3: HEALTH HISTORY (Y=YES, N=NO) Are you subject to:

\_\_\_\_ Frequent Colds    \_\_\_\_ Sinus Trouble    \_\_\_\_ Seizures    \_\_\_\_ Allergies  
\_\_\_\_ Sleep Walking    \_\_\_\_ Bed Wetting    \_\_\_\_ Fainting    \_\_\_\_ Asthma

Treatment for any above conditions: \_\_\_\_\_  
\_\_\_\_\_

Have you had: (Y=YES, N=NO)

\_\_\_\_ Rheumatic Fever    \_\_\_\_ Scarlet Fever    \_\_\_\_ Head Lice, if so last occurrence?  
\_\_\_\_ Chicken Pox    \_\_\_\_ Appendicitis    \_\_\_\_ Hernia    \_\_\_\_ Mumps  
\_\_\_\_ Tuberculosis    \_\_\_\_ Heat Exhaustion    \_\_\_\_ Polio

\_\_\_\_ Breathing/Lung Disorder explain: \_\_\_\_\_

\_\_\_\_ Heart Trouble, if so, medication used: \_\_\_\_\_

\_\_\_\_ Sugar Diabetes, if so, is insulin used? \_\_\_\_ YES \_\_\_\_ NO Insulin Type: \_\_\_\_\_

Other Diabetes medication used: \_\_\_\_\_

Does camper have allergic reaction to: \_\_\_\_\_

\_\_\_\_ Drugs, please list: \_\_\_\_\_

\_\_\_\_ Animals, please list: \_\_\_\_\_

\_\_\_\_ Food, please list: \_\_\_\_\_

\_\_\_\_ Stings, please list: \_\_\_\_\_

List treatment for stings: \_\_\_\_\_

Does camper carry a bee sting kit? \_\_\_\_ YES \_\_\_\_ NO Location of kit: \_\_\_\_\_



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

**SECTION 3: HEALTH HISTORY (CONT.)**

Are you currently taking any medications? \_\_\_\_ YES \_\_\_\_ NO. If yes, please list medications, dosage and reason for taking. Medications MUST be kept in the nurse's station if the camper is not with a parent and MUST be in original pharmacy bottle with label intact (exception - asthma inhaler). (Please fill out page 9 if your child will be keeping medication with the nurse)

Any recent exposure to communicable diseases? \_\_\_\_ YES \_\_\_\_ NO If yes, please explain: \_\_\_\_\_

Description of any physical condition requiring special attention: \_\_\_\_\_

Any specific activities to be restricted? \_\_\_\_ YES \_\_\_\_ NO If yes, please explain: \_\_\_\_\_

Does the camp nurse have permission to give you:

Tylenol: \_\_\_\_ YES \_\_\_\_ NO      Ibuprofen: \_\_\_\_ YES \_\_\_\_ NO      Aspirin \_\_\_\_ YES \_\_\_\_ NO

Anti-histamine: \_\_\_\_ YES \_\_\_\_ NO      Decongestant: \_\_\_\_ YES \_\_\_\_ NO

Please list any other conditions/situations that camp staff should know about the camper: \_\_\_\_\_

Date of last Tetanus shot (**\*\*\*REQUIRED\*\*\***): \_\_\_\_\_

Are immunizations current? \_\_\_\_ YES \_\_\_\_ NO If no, please explain: \_\_\_\_\_

This health history is correct so far as I know, and is up to date as of the last 90 days. The person herein described has permission to engage in all prescribed camp activities except as noted. Emergency Authorization: I hereby give permission to the medical personnel selected by the camp officials to order x-rays, routine tests and treatment for me or my child, as in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me or my child as named above. I hereby give permission to transport me or my child for medical assistance. This form may be photocopied for use at camp. I understand that I am responsible for payment of all medical treatments received from non-camp sources. I also give permission for the camp medical staff to administer over-the-counter medications to my child that I have approved on this form. I also give permission for my child to participate in all camp activities.

Signature (**\*\*\*REQUIRED\*\*\***): \_\_\_\_\_

**SECTION 4: MEDICAL SCREENING – By Certified Medical Personnel (**\*\*\*REQUIRED\*\*\***):**

I have screened the above applicant and approve of his/her participation in the physical and out-of-doors activities of the camp program.

Please list any restrictions or concerns: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

Please list all medications taken including time and dosage

Medication	Time taken	Dosage

Please indicate if camper has any allergies: Yes \_\_\_\_ No \_\_\_\_ . If yes, please list what they are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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