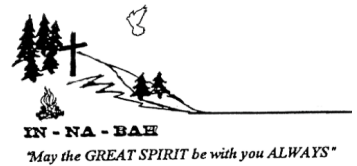


REGISTRATION INFORMATION



1) **THANK YOU** for registering to attend summer camp at INNABAH! We are looking forward to sharing in your camping experience this summer. Please **READ CAREFULLY** the information in this letter and keep it in a safe place. A **CHECKLIST** of what to bring with you to camp is on the other side of this letter.

2) **REGISTRATION** will begin at 3:00 p.m. in the Dining Room on the first day of your child's scheduled camp. Please plan to arrive between 3:00 and 4:00 for registration. Early registration is not permitted because nurses are required for check in.

a) **Balance Payment** :If you have not paid your balance, **you must** do so at registration.

b) Bring these **COMPLETED** Forms:

Health History

Parent/Video Release

Authorization of Medication Administration (If bringing **any** medication to camp - either over the counter or prescription medications. Prescriptions **MUST** be made in the camper's name)

PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION (only if attending sports camps or trip camps)

Only if you are attending the following events: **#329 Sports Spectacular, # 352 Junior High Sports, #359 Water Sports Splash, #374 Tee It Up, #375 Novice Horseback, #376, Horseback II, #386 Soccer I, #387 Soccer II**

THANK YOU in advance for your cooperation in the final registration process.

3) **BUNKMATES**: We will do our best to honor this request, but it is not always possible.

4) **CAMP STORE**: will be OPEN during registration and check-out times. It is encouraged to make purchases of higher price and those requiring correct sizing at these times. Funds should be deposited into a store account in your camper's name during registration. All purchases must be made during your camp session with your store card. **Any unspent money will be donated to the Love Offering.**

5) **CAMP PHOTO/DVD's**: You may choose to purchase an 8 x 10 color photo of your camp at a cost of \$6.00 each. Camp DVD's will be available for \$10.00. You must order and pay for these at registration. You should receive the photo and/or dvd before you leave camp.

6) **MAIL**: Campers will receive mail after the evening meal each day. Please write early as it usually takes 2 days for mail to arrive at camp. PLEASE ADDRESS MAIL as follows:

Camp Innabah

Camper's Complete Name

Name and # of Camp (example: Art Expression #325 - not the cabin name),

712 Pughtown Road,

Spring City, PA 19475.

7) **EMAIL and FAX**: You may email your camper by sending your e-mail to Innabah. Send e-mail to camp@innabah.org. Please include your camper's name and event number in the subject line. A \$.50 per page charge will be deducted from the camper's store account for this type of communication. Our fax number is 610-469-0330.

8) **VISITORS/TELEPHONE CALLS**: **are not permitted**, as they disrupt the camping experience. In case of an emergency, ask for the Director or the Nurse 610-469-6111. Thank you for your understanding in this matter!

9) **Pickup Time** - Camper pickup is at 10:00AM at the conclusion of their event. Additional charges apply if your camper is picked up later than 10:30AM.

10) We hope this camp will be a GREAT EXPERIENCE for you and that you will feel God's presence. Our theme for this summer is "Breakthrough."

God Bless You,

Christy Heflin, Director

P.S. Don't forget the CHECKLIST on page 2!

WHAT TO BRING WITH YOU TO CAMP:

(PLEASE label everything with camper's name/initials)

1) The following completed and signed forms:

- Health History Form
- Authorization for Medication Form ******(Only if bringing any kind of medication to camp)
- Physician's Report of Physical Examination ****** (Only if attending the following event #'s: #329 Sports Spectacular, #336 Sports Spectrum, #359 Water Sports Splash, #374 Tee It Up, #375 Novice Horseback, #376 Horseback II, #386 Soccer I, #387 Soccer II)
- Parent/Video Release

2) Linens

- sleeping bag or sheets and blankets
- pillow
- towels and washcloth

3) Clothing and Footwear

- clothing for each day of camp, include extra socks (**appropriate** for a Christian Camp)
- jacket or sweatshirt
- rain gear
- hat
- two pair of old, sturdy shoes or sneakers and shoes to wear on creek hikes!
(sandals, flip-flops, & open shoes are for pool & showers only)
- bathing suit (**appropriate** for a Christian Camp. **PLEASE, no bikini's or two piece suits.**)

4) Essential Items

- toothbrush, toothpaste, shampoo, soap, other necessary toiletry articles
- Bible
- sunglasses, sun block
- water bottle
- flashlight with extra batteries
- non-aerosol insect repellent
- notebook, pen, or pencil
- envelopes/postcards and stamps to send notes

THANK YOU for NOT BRINGING: Video Games, Cellular Phones/Beepers, IPOD's/CD Players, Snack Food, Cards, Comic books, Personal First Aid Kits, Knives, or any inappropriate items that will take away from a great camper experience. **(If any of these items are brought to camp they will be taken for safe keeping and returned to you at the end of your week.)**

DIRECTIONS to INNABAH: Innabah is located in Chester County, one/half mile East of Route 100 at Pughtown Rd., which is just South of Route 23. ****Additional directions are on our website at www.innabah.org****

From the South, take PA Turnpike to Downingtown Exit #312 and go North on Route 100 about 8 miles to Pughtown. Turn Right at the Innabah sign at the intersection of Route 100 and Pughtown Road.

From the North, follow Route 100 South to Pughtown. Turn Left at the Innabah sign at the intersection of Route 100 and Pughtown Road.

MAILING ADDRESS: INNABAH,712 Pughtown Road, Spring City, PA 19475

PHONE NUMBER: (610) 469-6111, FAX NUMBER: (610) 469-0330

**** for ULTIMATE SURVIVOR, WILDERNESS ENCOUNTER, and NIGHT CAMP:**

- _ mess kit, water bottle or canteen
- _ ground cloth or piece of plastic

****for SOCCER CAMP:**

- _ shin guards
- _ sweat suit or proper uniform for sport
- _ proper sneakers or shoes

**** for FISHIN' CAMP/LITTLE MINNOWS**

- _ Fishing rod and tackle if available

**** TEE IT UP CAMP:**

- _ Golf Clubs

*Please call us if you don't have a fishing rod or golf clubs, we will try to work something out for you.



Eastern PA Conference/United Methodist Church

HEALTH HISTORY FORM

(To be completed and signed by parent/guardian; please print or type all entries)

Completed form must be brought to camp -

PLEASE DO NOT MAIL

For Camp Use Only:

Camp # _____

Housing _____

GENERAL INFORMATION

CAMPER'S NAME _____ GRADE COMPLETED _____
(Last) (First) (MI)

Social Security # _____ BIRTHDATE _____ AGE _____ SEX: M ___ F ___ HEIGHT _____ WEIGHT _____

NAME OF PARENT/GUARDIAN _____
(Please Circle One) (First) _____ (MI) _____ (Last) _____

ADDRESS OF PARENT/GUARDIAN _____
(Street) (City, State, Zip)

PHONE NUMBERS OF PARENT/GUARDIAN
Father/Guardian: Home-() _____ Work -() _____ Cell -() _____

Mother/Guardian: Home-() _____ Work -() _____ Cell -() _____

IN CASE OF EMERGENCY, IF PARENTS/GUARDIANS CANNOT BE REACHED, PLEASE NOTIFY:

NAME _____ RELATIONSHIP TO CAMPER _____

ADDRESS _____ PHONE () _____

PHYSICIAN'S NAME _____ PHONE NUMBER () _____

FAMILY MEDICAL/HOSPITAL INSURANCE CARRIER

POLICY ID # _____ POLICY/GROUP # _____ POLICY HOLDER'S SSN _____
(This information is required since each camper is covered by limited accident and medical insurance in excess of parent's own insurance; **CAMP'S POLICY IS A SECONDARY POLICY**. PA state law prohibits duplicate payments.)

For minor illness or injury, the following medications are available to administer to campers **as needed** (based on our standing medical orders): Acetaminophen/Tylenol, Ibuprofen, Milk of Magnesia, Mylanta, Kaopectate, Diphenhydramine/Benadryl, Robitussin, Pseudoephedrine/Sudafed, Antibiotic Ointment, Caladryl, Desenex, Chloraseptic spray and lozenges, Swimmer's Ear Drops, Anbesol, Hydrocortisone Cream.

- Do not administer above medications
- Administer above medications
- Administer above medications except _____

Signature _____

CERTIFICATION AND AUTHORIZATION *MUST BE COMPLETED FOR ATTENDANCE****

I certify that the information provided on both sides of the Health History Form is, to the best of my knowledge, complete and accurate. I know of no reason(s), other than the information indicated on this form why my son/daughter/camper should not participate in all camp activities. I take full responsibility for any medical problems (illness or injury) that occur as a result of my failure to disclose medical conditions, restrictions, or limitations of my child. I understand the State of PA requirement that all campers be examined by the Health Care Staff on the day of registration and give my permission for the conduct of such an examination.

My son/daughter/camper _____, has permission to participate in the activities associated with the summer camping program of the Eastern Pennsylvania Conference/United Methodist Church. Further, in the event of an illness or emergency, the Program Center Director or designee is authorized to act in my behalf in securing medical treatment for my child named above.

Signature of Parent/Guardian _____ Date _____

Don't Miss Page 2!!!!!!!!!!!!!!!!!!!!!!

Page 2 of Health History Form

TO GIVE APPROPRIATE CARE TO THE CAMPER WHILE HERE AT CAMP, PLEASE COMPLETE THE



FOLLOWING INFORMATION ACCURATELY - THANK YOU

DATE OF CAMPER'S LAST HEALTH EXAM _____ WERE ANY PROBLEMS NOTED AT THAT TIME? YES NO

SINCE THE CAMPER'S LAST HEALTH EXAM, HAS HE OR SHE HAD ANY OF THE BELOW:

A serious injury requiring medical attention Yes No

Surgery or a fracture Yes No

A diagnosed infectious disease Yes No

Exposed to any communicable disease Yes No

**A physician's restriction in any physical activity Yes No

**Medication prescribed Yes No

PLEASE EXPLAIN : _____

**** A physical examination may be required to participate in physically active camps. (See camper letter) NO Medication will be given without completed medication forms!**

Is the camper currently under a physician's care for a medical problem? (Describe)

Are all immunizations up to date? Yes No Date of last Tetanus (DPT,DT,TT) Shot **MUST** be listed here _____

Has the camper ever had or now have any of the following medical problems?

- Asthma Frequent ear Infections/cold /sore throats Chicken Pox HIV TB
- Bleeding/Clotting Disorder Convulsions/Seizures Diabetes Heart Disease or Defect Hypertension
- Kidney Disease Sickle Cell Disease Behavioral/Emotional Problems Other

Please explain : _____

Please check the following conditions that apply to the camper:

- Athlete's Foot/Ringworm Bed Wetting Sleepwalking Special Diet
- Fainting Motion Sickness Hearing Impairment Ear Tubes Wears Glasses/Contacts
- Menstrual Cramps Stomach Upsets Homesickness Nosebleeds Constipation

Please explain : _____

Does the camper have any of the following allergies? (Please check and describe)

<u>ALLERGIES</u>	Describe	Treatment
<input type="checkbox"/> Medications	_____	_____
<input type="checkbox"/> Seasonal/Environmental	_____	_____
<input type="checkbox"/> Insect Stings	_____	_____
Other _____	_____	_____

FOR CAMP USE ONLY: ON-SITE HEALTH EXAMINATION

General Health Condition: _____

Illnesses experienced or exposed to during preceding 30 days: _____

Recommendations and restrictions (activity, diet, etc): _____

Skin Lesions/Bruising: _____ Other _____

Signature of Examiner _____ Date _____

AUTHORIZATION FOR MEDICATION ADMINISTRATION

PLEASE NOTE: **ALL PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS MUST BE AUTHORIZED BY A PHYSICIAN/PROVIDER.** You may copy this form.

Child's Full Name _____

Reason for Medication(s) _____

If your camper must receive medication during his/her scheduled summer camping session, please complete this form and bring it along with the prescribed medication to camp with the camper. All medications and forms will be checked at camp registration on the start day of your camper's event. **NO Medication will be accepted unless his/her name is on the original prescription.** Campers using over the counter medications daily must have this form signed and brought to camp with the medication.

PRESCRIBING PHYSICIAN INFORMATION - I certify that it is imperative that the medication prescribed below be taken during this child's camping session.

(Physician's Name) _____ (Physician's Signature) _____ (Phone) _____ (Date) _____

Medication Name(s) / Dosage(s)	Time(s) : B-Breakfast, L-Lunch, D-Dinner, HS-Bedtime
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____

PARENT AUTHORIZATION

I, _____ give my consent to the Health Care
(Name of Parent/Guardian)
 Staff to administer the above medication(s) to my child/camper _____
(Name of Camper)
 during their time at Camp Innabah from _____ through _____
(Starting Date) (Closing Date)

(Signature of Parent/Guardian) _____ Date _____

THIS SECTION COMPLETED BY HEALTH CARE STAFF ONLY

- Permission form completed Safety type container Original prescription label
- Name of this child is on the label Date on label is current OTC, original container and current
- Name of drug, dose, and frequency of administration is on label
- Inhaler and/or Epi-Pen with camper (either with individual or counselor)

(Health Care Staff Approval) _____

PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION

NAME _____ DOB _____
(LAST) (FIRST) (MI)

TYPE OF CAMP/ACTIVITY ATTENDING _____

DATE OF LAST TETANUS TOXOID _____

SIGNIFICANT PAST MEDICAL HISTORY (PLEASE INCLUDE SURGERIES, HOSPITALIZATIONS, CHRONIC CONDITIONS, ALLERGIES) _____

DIETARY RESTRICTIONS _____

CURRENT MEDICATIONS _____

CONDITIONS CURRENTLY UNDER TREATMENT _____

PHYSICAL EXAMINATION - DESCRIBE ANY ABNORMALITIES

HEIGHT _____ WEIGHT _____ BP _____ PULSE _____ RESP _____

VISION R20/ _____ L20/ _____ GLASSES _____ CONTACT LENSES _____

GENERAL APPEARANCE/NUTRITION _____

ENT _____

PULMONARY _____

CARDIAC _____

NEUROLOGICAL _____

MUSCULOSKELETAL _____

GI/ABDOMINAL _____

MENTAL/EMOTIONAL _____

PHYSICAL/ACTIVITY RESTRICTIONS _____

THIS PERSON IS IN SATISFACTORY CONDITION AND MAY ENGAGE IN ALL USUAL ACTIVITIES, EXCEPT AS NOTED ABOVE. I BELIEVE THIS PERSON IS ABLE TO ENGAGE IN _____ INVOLVING STRENUOUS FORMS OF PHYSICAL ACTIVITY.

(TYPE OF CAMP)

(SIGNATURE OF PHYSICIAN)

(PHYSICIAN'S PRINTED NAME)

(ADDRESS)

(PHONE)

(CITY, STATE, ZIP)

(DATE)

Dear Parents:

Due to the increased liability issues faced by persons in the medical profession, we have a policy in place that must be complied with by each camper attending physically challenging camps. Your understanding and cooperation are both important as we must also meet the standards of the American Camping Association to keep our current certification. Thank you for assisting us to remain certified.

If your child is attending any of the following camps, you must present the physical examination from on the reverse side of this letter. The form must be completed by your doctor and show that your child has had a complete physical within a year of the scheduled camp. **THIS FORM ALONG WITH THE HEALTH HISTORY FORM MUST BE BROUGHT TO CAMP REGISTRATION IN ORDER FOR YOUR CHILD TO PARTICIPATE IN SCHEDULED ACTIVITIES.** This form may also be used as a statement from your physician to clear your child for camp activity if there has been a serious medical problem or injury in the past year.

2009 CAMPS FOR WHICH THIS ADDITIONAL PHYSICAL IS REQUIRED AT INNABAH:

- #329 Sports Spectacular**
- #352 Junior High Sports**
- #359 Water Sports Splash**
- #374 Tee It Up**
- #375 Novice Horseback**
- #376 Horseback II**
- #386 Soccer I**
- #387 Soccer II**