



NWBA KID'S CAMP 2017

July 24th-26th

(for students going into 4th, 5th, or 6th grade for the 2017-18 school year)

Cost to go with LABC: \$30

(Camp is \$60; LABC covers half of this amount, so each student's cost is \$30)

**Completed packets & money are due on
Sunday, July 16th**

**Mandatory Parent/Camper Meeting:
Sunday, July 23rd, 6pm @ the Lincoln campus**

KID'S CAMP

WHAT TO BRING WHEN I COME TO CAMP

- 1. Sleeping Bags or Bed Roll**
- 2. Towels and Wash Cloth**
- 3. Swim Suit (cover up for girls), Towel**
- 4. Personal items such as bath soap, shampoo, etc.**
- 5. Clothing for three days, plus extra clothing for recreation.**
It is a good idea to mark all your clothing and towels before you come to camp. Shorts may be worn throughout the day. (You may bring jeans or dresses for services but they are not required.) It is suggested that you bring a light jacket in case it rains. Tennis shoes are needed due to the recreational activities and the number of stickers in certain areas.
- 6. Bible. We will be participating in Bible Drills. If you do not have a Bible, please let your pastor know.**
- 7. A large trash bag or dirty clothes bag.**
- 8. No money is needed. Your camp fees pay for everything.**
- 9. Come to camp ready to have a Great Time!**

Camper Information

Grade entering in the Fall 2017/2018 _____

Church Group _____ Male/Female (circle one)

Shirt Size (circle one) Youth (10-12) Adult Small Adult Medium

Adult Large Adult X-Large

Name _____ Phone _____

Home Address _____ Town/St _____

In Case of Emergency call: _____ Phone # _____

Age _____

Statement of Understanding Northwestern Baptist Association Campgrounds

This is to certify that I, _____ as a parent of _____ do hereby give my full permission and consent for above named individual to attend and participate in the church activity listed above. I also give consent to said individual to be under the authority of chaperoning agent or leader.

I understand that every precaution will be taken to safeguard the health and welfare of all who attend, however, in consideration of allowing said child to attend and participate in this activity, I as a parent or guardian of the individual, do hereby release all other participants, sponsors, leaders, and organizations from any claim for injury or illness sustained to person or property by said individual beyond that which is covered by the organization's insurance.

This is to certify that I as a parent of legal guardian do authorize and direct the chaperoning agent/leader to cause medical treatment considered necessary to be given to said child while on the above listed church activity. I hereby authorize the necessary and I agree to pay for same, if this is not covered by the accident and sickness insurance policy.

Signed _____ Date _____

(Parent or Legal Guardian)

Medical Information for Campers

Name _____ **Church** _____

Age _____ **Town** _____

Grade going into this Fall _____ **School** _____

EMERGENCY CONTACT: (Names and phone number of persons who may give legal consent for treatment of camper)

Allergies to Medications: _____

Other serious allergies (bee's, ants, etc.) _____

What happens when exposure occurs (rash, respiratory problems, emergency room visit, etc)

Medications that your child is taking including dosage, time taken: _____

MEDICATION MUST BE SENT TO CAMP IN ORIGINAL RX BOTTLES WITH CHILD'S NAME, PHYSICIAN, AND CURRENT DOSAGES LISTED ON THE BOTTLE OR IT WILL NOT BE DISPENSED TO THE CHILD.

Physicians Name _____

Does child have reaccuring problems (headaches, earaches, stomach problems, bloody noses)

What do you do for this? _____

Do you want your child to be given medications for the complaints of stomach aches?

Pepto Bismol yes or no Tums yes or no

Do you want your child to be given medication for complaints of headache?

Tylenol yes or no Ibuprofen yes or no

Has your child ever been away from home alone before yes or no

Has your child ever had symptoms of being home sick before yes or no

Parent Signature _____

Date _____