



10160 S. M-37 Hwy
Dowling, MI 49050
Phone: 269 - 721 - 8161
Fax: 269 - 721 - 1071
www.clearlakecamp.org

SCHOOL PLANNING FORM

(1 form per school. Fax or mail at least 3 weeks before camp.)

School Name _____ Camp Dates _____

School Address _____ Phone _____

Principal _____

Contact persons (names, phone, email) _____

Grade _____ Total Number of Students _____ Boys _____ Girls _____

Teacher _____ Students _____ Boys _____ Girls _____

Teacher _____ Students _____ Boys _____ Girls _____

Teacher _____ Students _____ Boys _____ Girls _____

Teacher _____ Students _____ Boys _____ Girls _____

Teacher _____ Students _____ Boys _____ Girls _____

Departure time from school _____ Arrival time at OEC _____

Departure time from camp _____ Arrival time at school _____

Transportation methods for: Students _____ Luggage _____

Teachers staying overnight (incl. gender) & preference for Winka or Lodge: _____

Expected guests/visitors: _____

Student late arrivals/early departures: _____

Medical or behavioral considerations:

Vegetarian or other special diets:

ACTIVITIES SELECTION FORM (1 form per class. Fax or mail at least 3 weeks before camp.)

Teacher _____ School _____

Note activity preferences and order, ie 1st choice, 2nd choice, etc. We will do our best to include as many of your requests as possible. See Activity Descriptions for more information.

3 Days = 4 full blocks, 2 evenings (6 or more activities, usually including one or two All-Camps)
4 Days = 6 full blocks, 3 evenings (9 or more activities, usually including one or two All-Camps)
5 Days = 8 full blocks, 4 evenings (12 or more activities, usually including two All-Camps)

* = additional fee fb = full block (usually daytime) hb = half block (may be daytime or evening) e = evening only

Challenge/Adventure

Please see descriptions for age and other restrictions
Most take place in patrols of 16 or fewer students.

For 3rd grade and up

- _____ Communication (hb)
- _____ Group Building Activities (fb or hb)
- _____ Teams Course (fb or hb)
- _____ *Tower Climb w/staff belay (fb)

For Spring 5th grade and up

- _____ Sherwood Forest (fb)
- _____ The Beam (fb)
- _____ The Wall (fb)
- _____ *Tower Climb w/team belay(fb)
- _____ *High Ropes Course (fb)

Outdoor Pursuits

- _____ Active Games (hb)
- _____ Archery (hb, split class)
- _____ Bouldering (hb)
- _____ *Canoeing (fb)
- _____ Cookout (fb + lunch)
- _____ Find Your Way (fb – maps, shelters)
- _____ Fire Building (hb – fire only)
- _____ Orienteering (hb – compass use)
- _____ Survival (fb – essential items, shelters, fire)
- _____ Special Interests Seminars (hb)

- _____ Campfire, single class (e)
- _____ Crafts (e)
- _____ Night Exploration/Evening Hike (e)

History

- _____ Olson’s Mercantile (hb)
- _____ Pioneer Cabin (hb)

Science

- _____ Animals (indicate preference below)
- _____ Amphibians (hb)
- _____ Birds (hb)
- _____ Mammals (hb)
- _____ Snakes (hb)

- _____ Adaptations (fb with an animal choice)
- _____ Animals in the Woods (hb)
- _____ Carson’s Corner (hb)
- _____ Community Meeting (fb)
- _____ Earthwalk/Senses Hike (hb or fb)
- _____ Energy Flow (fb or hb)
- _____ Photosynthesis
- _____ Food Chain Review
- _____ Deadly Links

- _____ Pond (fb or hb)
- _____ Pond Exploration
- _____ Pond Lab

- _____ Recycling (fb or hb)
- _____ Decomposing Game
- _____ Recycle Relay
- _____ Landfill
- _____ Compost
- _____ Fallen Log

- _____ *ROV-Remotely Operated Vehicles (fb)

All Camp Activities

- _____ Battle of the Game Shows (e)
- _____ Campfire w/ songs & stories (e)
- _____ Rapid Foot Movement (e)
- _____ Six Socks (e, as sunset allows)

Notes About Activity Choices _____



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CLASSROOM INFORMATION FORM (1 form per class. Fax or mail at least 3 weeks before camp.)

School _____ Teacher _____

Number of Students Boys _____ Girls _____ Total _____ Grade Level _____

CLASS COMMENTS

All classes have special characteristics and needs. Please comment on these and how we may assist you and the class while at the Center. For example, LD or EI students, hearing impaired or other physical impairments? Does the class as a whole have particular strengths or weaknesses? Are there certain pairs or groups of students who work or don't work well together?

CURRICULUM COMMENTS

One of our goals is to relate the activities at the OEC to your school curriculum. What academic preparation have you done in the activity areas you have selected? What do you feel is important for your students to gain from their camp experience? Do you have any special program needs, such as time for devotionals, log books, etc.? What are your goals for your class this week?



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OUTDOOR EDUCATION CENTER



CAMP LICENSING RULES

Part 1. R 400.11125 Staff Requirements

Rule 125. A camp shall maintain a health history statement for each staff member. The statement shall include any physical limitations, current infectious diseases, and any current prescription drugs or medications. A camp shall maintain and safeguard any health information received in accordance with Act No. 368 of the Public Acts of 1978, as amended being 333.1101 et seq. of the Michigan Compiled Laws.

TEACHER HEALTH HISTORY RECORD

NAME _____

SCHOOL _____

DATE OF BIRTH _____ SEX _____

PERSONAL PHYSICIAN _____

PHONE _____

CURRENT HEALTH ISSUES AND HISTORY:

List any allergies you have:

List any health problems you have including current infectious diseases:

List any medications you take regularly:

Name	Frequency	Dosage
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NAME OF EMERGENCY CONTACT PERSON: _____

PHONE: _____

I certify that this information is true to the best of my knowledge:

SIGNATURE: _____ DATE _____