



BATTLE CREEK
OUTDOOR
 EDUCATION CENTER
 Clear Lake Camp Since 1933

10160 South M-37 Hwy
 Dowling, Michigan 49050
 Phone: (269) 721 - 8161
 Fax: (269) 721 - 1071
 www.clearlakecamp.org

SUMMER PROGRAM REGISTRATION AND HEALTH INFORMATION FORM
 (To be completed and signed by a parent or legal guardian)

I am registering my child for: (Please check all that apply) (One child per form, please)

RACCOON RAMBLER DAY CAMP July 5-7, 2017 9:00AM-4:00PM Daily AGES 7-10
COST: \$90.00

CHIPMUNK NATURE PLAY CAMP Tuesday July 18, 2017 9:00AM- 11:30AM AGES 4-6
COST: \$15.00

CHIPMUNK NATURE PLAY CAMP Thursday July 20, 2017 9:00AM- 11:30AM AGES 4-6
COST: \$15.00

CHIPMUNK NATURE PLAY CAMP Tuesday July 25, 2017 9:00AM- 11:30AM AGES 4-6
COST: \$15.00

CHIPMUNK NATURE PLAY CAMP Thursday July 27, 2017 9:00AM- 11:30AM AGES 4-6
COST: \$15.00

Total Payment Amount:

Name of Child: _____ Birth date: ____ / ____ / ____
Last First MI mo day yr

Male Female Home Address: _____
Street City State Zip

Custodial Parent(s)/Guardian(s): _____

Home/Cell Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

If you cannot be reached, who we may call in an emergency:

Name: _____ Phone _____ - _____ - _____
Relationship to camper

Name of Physician _____ Phone _____ - _____ - _____ City _____

Name of Persons, other than parent listed above, authorized to pick up my child:

1) _____ Phone: _____ - _____ - _____

2) _____ Phone: _____ - _____ - _____

GENERAL HEALTH QUESTIONS

ALLERGIES

Foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify food.	Epi-pen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify	
Bee stings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Carries an epi-pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other insects, plants, animals etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify	

ASTHMA

Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bringing an inhaler?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Action Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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1. Any reason to restrict full participation. No Yes

If Yes, explain _____

2. List any serious health conditions or behavioral considerations we should be aware of (i.e. diabetes, hemophilia, seizures, autism) _____

3. List any special needs, limitations, adaptations _____

4. Are all immunizations up to date? Yes No Date of last Tetanus shot / /



**IF YOUR CHILD TAKES MEDICATIONS WHILE THEY WILL BE AT CAMP:
INCLUDING AN EPI-PEN OR INHALER
A MEDICATION PERMISSION FORM MUST BE FILLED OUT BY THE PARENT AND
SIGNED BY BOTH A PARENT/GUARDIAN AND THE DOCTOR. THIS IS A
SEPARATE FORM INCLUDED IN THIS PACKET AND FOUND ON OUR WEB-SITE
under the FORMS tab.**



PHOTO PERMISSION My child may be photographed **and** for their photo may be used on promotional media for the camp. No names shall be released and no compensation will be provided. **YES** **NO**

PARENT / GUARDIAN AUTHORIZATION

This health history is correct to the best of my knowledge.

I give my permission for my child to attend the camp program and participate in all planned activities which may include hikes, swimming, boating, or archery. I understand that there may be inherent risk in these activities.

In an emergency, if camp personnel are unable to contact me, I hereby give permission to the Battle Creek Public Schools Outdoor Education Center, a children's camp licensed by the MI Department of Licensing & Regulatory Affairs, Bureau of Community & Health System, to secure emergency medical and surgical treatment as well as routine, non-surgical medical care for my minor child while in camp. I give my permission for authorized personnel to transport my child to an accredited hospital for diagnosis by a licensed physician.

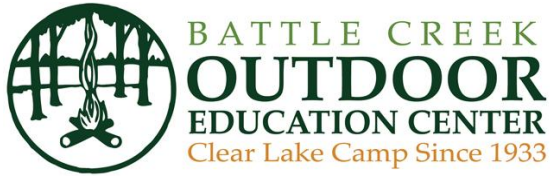
I understand that my child will not be released from the camp for any other purpose without expressed written consent of a parent or guardian.

Printed Name _____

Signature (must be parent or legal guardian)

(date)

Send completed form plus medication permission (if needed) and payment to the above address. Make check payable to OEC.



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WHAT-TO-BRING TO DAY CAMP

Dear Camper and Parent,

This check list will help you to think about what to take to Clear lake Camp. Please make sure your full name is on all your belongings! Be prepared for all kinds of weather. We will play outside (while staying safe) no matter what the weather. Put items you are not wearing in a backpack.

- _____ tennis/athletic shoes (good for hiking all over camp). No sandals.
- _____ jacket or sweatshirt
- _____ hat for sun protection
- _____ rain coat
- _____ water bottle
- _____ bug spray
- _____ sun screen

SWIM STUFF

- _____ swimsuit
- _____ towel
- _____ water shoes (optional)



Oh Yea, I
GOT THAT!!

RACCOON RAMBLERS - BRING A SACK LUNCH

OPTIONAL ITEMS

- _____ Money for camp store (Please put in a sealed envelope with child's name)
- _____ Extra snack (1 provided by camp each day)
- _____ Regular medication* (Please turn in to your leader)

*You must have a medication permission form signed by a parent and Physician.

PLEASE DO NOT BRING

Knives or other weapons - Cell phones - Matches or lighters - Watches, Jewelry or other valuables-
MP3 players - Electronic games

BE SURE ALL ITEMS ARE MARKED WITH YOUR FULL NAME



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SUMMER MEDICATION PERMISSION FORM

For ANY medication (Including: Prescription drugs, Over-the-counter drugs, herbal supplements, vitamins, cough drops)

Student Name: _____ Age at camp: _____

Date of Birth: _____

TO BE COMPLETED BY PARENT/GUARDIAN:

I request that (My Child) _____ receive the listed medications at camp. I understand that the medication will be administered exactly as per the directions of the prescribing physician.

Parent/Guardian Signature: _____ **Date:** _____

Address: _____ **Telephone:** _____

Prescribing Physician: _____

Address: _____ **Telephone:** _____

TO BE COMPLETED BY PHYSICIAN:

Please include exact drug name and mg/ml/mcg (Dosage).

Medication:

- (1) Name of medication: _____
 Dosage: _____ When given: _____
 Reason for Medication: _____
 Special instructions: _____
- (2) Name of medication: _____
 Dosage: _____ When given: _____
 Reason for Medication: _____
 Special instructions: _____
- (3) Name of Medication: _____
 Dosage: _____ When given: _____
 Reason for Medication: _____
 Special instructions: _____

ORDERS MAY BE FAXED DIRECTLY TO OUR OFFICE AT 269-721-1071

If more space is needed, fill out and sign a second form. Please put an X through unused spaces.

Physician's Signature:



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MEDICATION INFORMATION

Please Read Carefully

*MEDICATION includes prescription, non-prescription, vitamins and herbal medication. It includes those taken by mouth, inhaled, injected, suppositories or application (including drops in eyes or nose or creams on skin).

*Definition from MI State Guidelines for Administration of Medications to Pupils at School

In order for your child to receive ANY medication; prescription **or** non prescription while at camp, a MEDICATION PERMISSION FORM must be thoroughly completed and signed by BOTH the parent/guardian **and** child's physician. Please include exact medication name and dosage. This form can be faxed directly to the camp from your physician's office.

FAX NO: (269-721-1071)

- Use the original container. NO pill boxes please. We must know what medicine we are administering to your child or it will not be given.
- Original pharmacy label must be on the prescription medications with your child's name.
- No Expired medication. We cannot give expired medication.
- Do Not combine different doses or different medications in one bottle such as putting 5mg and 10mg pill in the same bottle or two different medications in one bottle. No daily pill boxes.
- Please cut pills ahead of time. We cannot alter medication.

If your child starts a new prescription medication after the Medication form is completed, another Medication Permission Form is available on line at clearlakecamp.org under Forms.

NOTE: Our staff will carry children's emergency medication. If this is not acceptable, then you must also provide an Emergency Care Plan written by the physician and parents. (The Revised School Code Section 380.1179) (Link to code: <http://legislature.mi.gov/doc.aspx?mcl-380-1179>)

For a child who is a diabetic, or who has severe asthma and uses a nebulizer, severe food allergy or has other critical health issues; a written Health Care Plan provided by the Doctor is required. Also, for the best care of your child, please contact camp ahead of time to discuss this plan.

Sample health care plans may be found on line at <http://www.pacer.org/health/samplehealthplans.asp>

If you have any questions regarding medications please call the OEC HEALTH OFFICER prior to your child arriving at camp at 269-721-8161 between 8:00AM and 4:00 PM, Tuesday through Friday.