

Thank you for registering your child for Overnight Camp this summer! We are looking forward to a wonderful summer, and are excited that your child will be joining us. We have enclosed all the paperwork that we will need for your child. We need everything in this packet completely filled out before your child's registration is complete. Please remember that any medication (over the counter or prescription) that your child will need during camp will require the medication page (Form D) filled out, signed by your child's doctor and returned along with Forms B & C to the Children's Ministries office. No exceptions. Please fill out all paperwork and return it to the Children's Ministries office no later than May 26th, this will complete the registration process. If you have any questions, please don't hesitate to call the Children's Ministries office at 719.884.6126!

Danny Shaw
Director Children's Ministries
dshaw@first-pres.org

Ascent Overnight Camp – General Information

Skyward Overnight Camp	Grades 1st – 3rd (Fall 2017)	June 4-7 or 7-10, 2017
Upward Bound Overnight Camp	Grades 3rd – 6th (Fall 2017)	June 11-16, 2017

Overnight camp is an experience that is imprinted in the minds and memories of hundreds of campers who have attended over the past twenty years. Many of those campers had their lives changed forever and some of those will even be at camp this summer as counselors to share their camp experience with this year's campers. Overnight Camp provides a safe and comfortable environment for campers away from home for the first time as well as excitement and new challenges for returning campers.

Overnight camp is held at Camp Elim near Woodland Park, Colorado.

Skyward Overnight Camp:

****CHECK IN TIME: Session 1- June 4 or Session 2- June 7, 5-6 p.m. DINNER FOR CAMPERS WILL BE SERVED,****

Please DO NOT arrive before 5:00 p.m.

****CHECK OUT TIME: Session 1- June 7 or Session 2- June 10, - 10:00 a.m. ****

Upward Bound Overnight Camp:

****CHECK IN TIME: SUNDAY, June 11, 5-6 p.m. DINNER FOR CAMPERS WILL BE SERVED,****

Please DO NOT arrive before 5:00 p.m.

****CHECK OUT TIME: FRIDAY, June 16, 4-4:30 p.m. ****

Please DO NOT arrive before 4:00 p.m.

Please sign your child out at the end of camp. **Campers will be released only to a parent unless prior written authorization is on file designating their homeward transportation with another adult.**

***Please bring your Bible that you received if you have attended in the past. If you don't have a NIRV Bible, one will be provided.**

****Please label all belongings!**

**Do Not Bring: MONEY, CANDY OR FOOD, WATCHES, RADIOS, TV's,
ELECTRONIC GAMES OR EQUIPMENT, OR CELL PHONES.**

Physicals: Colorado law requires each child who attends overnight camp to have a physical examination. Without a completed form (Form C - Overnight camp packet), your child may not remain at camp. A school physical completed within the last twelve months may be submitted instead. Also, please notify the Children's Ministries Office if your child is exposed to any communicable disease during the three weeks before camp.

First aid/Medicine: Qualified medical staff is on-site 24 hours a day. All medicine brought to camp must be labeled with child's name and in the original containers from the pharmacy and the Permission to Administer Medication Form (Form D-Overnight Camp Packet) filled out and signed by a doctor (over the counter and prescription medication). Camp medical staff will administer medications.

Mail call (UPWARD BOUND ONLY): All kids love to receive mail. Write to your camper in care of: **Upward Bound Overnight Camp Camp Elim, 5567 County Road 78, Woodland Park, CO 80863.** If you would like to leave a letter with your child's counselor, your child can receive mail on the first day of camp. (If you would like to receive mail, remember to pack paper, envelopes, and stamps.) **PLEASE DO NOT SEND PACKAGES.**

Cabin requests (UPWARD BOUND Overnight Camp ONLY): Campers are encouraged to turn in a cabin mate request. This can be found on the Permission/Medical Consent Form (Form B-Overnight camp packet). While we will attempt to honor a cabin mate request, we cannot guarantee multiple or non-mutual requests.

Emergencies: If you should need to reach your child in case of an Emergency during camp you can call Camp Elim at 719.687.2030 and ask for Danny Shaw.

Staff: The staff for all camps is carefully screened and selected. Camper to staff ratio is approx. 5:1.

Lost and Found: Items will be held in the Children's Ministries Office at First Presbyterian Church until Sept. 2. If items are not picked up by that date, they will be donated to Goodwill. Call 719.884.6126 to inquire about missing items.

Camper Safety/Cooperation: It is our desire to provide a safe and secure camp environment for each child. Respect and cooperation will be expected from each camper. Most discipline situations can be resolved through one-to-one discussion with camp staff or with time out. Rarely, in extreme circumstances or as a last resort, parents will be called and an uncooperative camper may be sent home.

Camp Scholarships: Scholarships are available for each camp. You can have an application sent to you by contacting the camp office or you can find the application on the Ascent Camp website.

Camp Forms: Forms required for Ascent are the **registration form**, the **permission/medical consent form**, and the **physical examination form**. Please note that you only need to fill forms out once for each child even if they are attending multiple camps. If you registered online, you have already completed the registration form. You still need the physical examination form and permission and medical consent form which are available on our website. Forms can be found online at www.first-pres.org.

Ascent Camps – 719.884.6126 or pwittrock@first-pres.org

UPWARD BOUND-Typical Daily Schedule:

7:30 a.m.	Rise and Shine	3:20 p.m.	Snack
8:15 a.m.	Quiet Tree	3:30 p.m.	Rec. Time
8:30 a.m.	Breakfast	5:30 p.m.	Cabin Cleanup
9:15 a.m.	Short Chapel	5:45 p.m.	Silly Songs
9:45 a.m.	Bible Study	6:00 p.m.	Dinner
10:45 a.m.	Skit, Rec Set Up	6:45 p.m.	All Camp Games
11:00 a.m.	Rec. Time	7:45 p.m.	Chapel Time
12:20 p.m.	Lunch	8:00 p.m.	Camp Fire
1:00 p.m.	Rest Time	9:00 p.m.	To Bed
2:00 p.m.	Challenge Time	10:00 p.m.	Sleep

What To Bring:

- ___ Sleeping bag or sheets and two blankets
- ___ Pillow and pillowcase
- ___ Towel, toothbrush, soap, etc.
- ___ Swimsuit and towel
- ___ Thick pair of socks
- ___ Two pair of shoes (tie)
- ___ Clothes for a week including: extra socks, warm jacket, raincoat and jeans as well as shorts. (Please remember when packing that days in June can be chilly and occasionally rainy!)
- ___ Pen or pencil
- ___ Hat or cap
- ___ Flashlight and extra batteries
- ___ Sunscreen
- ___ Please include a sturdy laundry bag which may be hung from a bunk.

Ascent Camps 2017

Permission and Medical Consent

Last Initial
Camper Health Record

PLEASE NOTE: This form is required for any participation in any camp. Without this completed form, your child will be unable to attend camp. Only one form per child is needed for all subsequent camps during this calendar year. The Health Form is also required for both overnight camps.

As parent or legal guardian, I hereby give permission for my child to participate in the following camp(s) at the dates and times listed:

_____ SKYWARD Overnight Camp	Session 1/June 4-7	OVERNIGHT CAMP	Grades 1 st – 3 rd
_____ SKYWARD Overnight Camp	Session 2/June 7-10	OVERNIGHT CAMP	Grades 1 st – 3 rd
_____ UPWARD BOUND Overnight Camp	June 11-16	OVERNIGHT CAMP	Grades 3 rd – 6 th
_____ UPBEAT Music & Drama Day Camp	June 26-30	9:00 a.m. - 4:00 p.m.	Grades 3 rd – 8 th

Camper Name _____ Gender ____ Birthdate _____ Grade (FALL 2017) _____

Roommate Requests (2 max) _____,
(UPWARD BOUND Overnight Camp ONLY)

Parent/Guardian name _____

Address _____ Daytime phone _____ Evening Phone _____

Person to contact in case of emergency _____ Relationship to child _____

Address _____ Day Time Phone _____

Person who may pick up child _____

Address _____ Day Time Phone _____

Father's place of employment: _____ Phone _____

Mother's place of employment: _____ Phone _____

Child's Doctor _____ Phone _____

Hospital Preference _____

Medical condition or health problem that would affect your child's participation at camp _____

Allergies to medication, foods, insects, or other _____

Penicillin or other drug reactions _____

Describe any dietary restrictions child is required to observe _____

List any medication child is currently taking _____

List any medications child will bring to camp (both over the counter and prescription) _____
(FORM D will need to be turned in if child is bringing any medication to camp)

COMPLETE BOTH SIDES

LIABILITY RELEASE (mandatory):

In consideration of my child _____ being permitted to participate in 2017 Ascent Camps. I, the undersigned, in full recognition and appreciation of the risks and hazards of strenuous activities inherent in such a program, hereby understand that the First Presbyterian Church assumes no liability for any injury, harm, or damage done to my child or my property during this program. I hereby release the First Presbyterian Church from any liability for any injury, harm, damage related thereto, and understand there are risks to my child and property in my child's involvement in this program.

Signature of parent or guardian _____ Date _____

MEDICAL RELEASE (mandatory):

I hereby give permission for my child to receive general first aid care while at camp. In case of emergency I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby give an agent of First Presbyterian Church the permission to act in my behalf to seek emergency medical treatment for my child in the event that he deems such treatment necessary. I give permission to any licensed physician selected by this agent to administer such emergency treatment as said physician in his/her judgment deems necessary in the circumstances; and hereby absolve First Presbyterian Church, its agents and employees from any and all liability resulting from their conformance with these instructions.

Signature of parent or guardian _____ Date _____

MEDIA RELEASE (optional):

During the course of one of these camps: Skyward, Upward Bound, and Upbeat, sponsored by First Presbyterian Church, photographs may be taken to be used in one or all of the following ways: written Church promotions, advertising, Church web site, and / or audio-visual presentations. Identifying names will not be used. By signing below, you give permission for your child's photo or its likeness to be used in any of the above ways. Thank you for your permission.

Parent Signature: _____ Date _____

CONFIDENTIAL INFORMATION FROM PARENTS

To more effectively meet the needs of each camper, please answer any questions that apply to your child. Please answer all questions that apply to the camp or camps that your child will be attending. All of the following information will be kept confidential.

CHILD'S NAME _____

Are there current family issues of which we should be aware? _____

How does your child get along with other children? _____

What hobbies, activities and interests does your child enjoy? _____

What forms of discipline are most effective with your child? _____

Is there any other information that might be helpful to us? _____

Overnight Camps Only

Does your child wet the bed?: ___often ___seldom ___never (If often, be sure a plastic sheet and an ample supply of linens are brought with your child)

Does your child swim? _____ If yes, how well? _____

COMPLETE BOTH SIDES

MEDICAL EXAMINATION

THIS FORM MUST BE FILLED OUT COMPLETELY BEFORE CAMPER OR STAFF MEMBER MAY BE ADMITTED INTO CAMP

The State of Colorado requires that this section be completed and signed by a licensed doctor of medicine or nurse practitioner within twenty-four months of the camp date.

- History Reviewed: Complete and True Incomplete
- Please check the condition of the person being examined in each of the areas listed:

	Normal	Abnormal	Remarks
A. Blood Pressure	<input type="radio"/>	<input type="radio"/>	_____
B. Ears	<input type="radio"/>	<input type="radio"/>	_____
C. Eyes	<input type="radio"/>	<input type="radio"/>	_____
D. Feet	<input type="radio"/>	<input type="radio"/>	_____
E. Heart	<input type="radio"/>	<input type="radio"/>	_____
F. Lungs	<input type="radio"/>	<input type="radio"/>	_____
G. Scalp	<input type="radio"/>	<input type="radio"/>	_____
H. Skin	<input type="radio"/>	<input type="radio"/>	_____
I. Throat	<input type="radio"/>	<input type="radio"/>	_____

- Tetanus Toxoid: Given: _____ (Date) Needed in case of injury?
 Yes No
 - The camper/staff member participation in the program can be:
 Full Limited
If limited, please explain: _____
 - Other comments or remarks: _____
 - I have examined _____ and found him/her free from communicable diseases.
(Signature of M.D. or Nurse Practitioner) _____ (Date)
- Name: _____
Address: _____
City/State/Zip: _____
Phone Number: _____

• Please note that a completed and signed Medication Authorization Form is required for each medication (prescription & over-the-counter) being administered at the time of Camp.

The State of Colorado requires each camper/staff member to have a medical examination by a licensed doctor of medicine or nurse practitioner within twenty-four months of the camp date.

According to our records:
 You do not have a current health certificate on file. Please fill out all 4 pages of this form.
 You have a current doctor's signature on file.
WE STILL NEED YOU TO FILL OUT THE FIRST THREE PAGES OF THIS FORM. WE NEED CURRENT PARENT'S SIGNATURES.
GS1 GS2 GS3 MS1 MS2 MS3 COW1 COW2 VAR HS TRAIL CANOE STAFF
Dr. Exam Expires _____

Camp Elim

Camper and Staff Health Form

This form **MUST BE FILLED OUT COMPLETELY** before camper or staff member may be admitted into camp.

- Camper (Staff Member) Name:** _____
Gender: _____ Age: _____ Height: _____ Weight: _____
Birthday: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
- Parent/Guardian Name:** _____
Cell Phone(s): _____
Place of Employment: _____
Business Address: _____
City/State/Zip: _____
Business Phone: _____
- Doctor's Name:** _____
Address: _____
City/State/Zip: _____
Phone: _____
- Dentist's Name:** _____
Address: _____
City/State/Zip: _____
Phone: _____
- Emergency Contact** if parent/guardian is unreachable.
Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Work Phone: _____

THIS FORM MUST BE FILLED OUT COMPLETELY BEFORE CAMPER OR STAFF MEMBER MAY BE ADMITTED INTO CAMP

Health History

This section must be filled out by the parent/guardian or the camper/staff member who is 18 years old and older.

Parent/Guardian Consent to Medical, Dental, or Hospital Care

I, _____, am the parent or legal guardian of _____ (Name of Minor) (hereinafter "my child").
(Name of Parent/Guardian)

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

I understand that in the case of an emergency, every effort will be made to contact a responsible parent or guardian of the camper. In the event that contact cannot be made, I hereby give permission to the camp administration and the physician they may select to secure proper treatment for, to hospitalize, and to order such injections, anesthesia or operations as may be urgently necessary for my child. In the event of a claim, family insurance (if any) will be liable.

I hereby authorize Camp Elin's physician to act as the prescriptive authority for my child while he/she is at camp. I understand that the Doctor's standing orders are available for my inspection upon request.

Signature of Parent/Guardian or Staff Member _____ Date: _____, 20____

Printed name of Parent/Guardian or Staff Member _____

Activities Statement

Please read and indicate your consent to each item below by initiating the space provided and signing below:

I hereby give my permission for my child to attend Camp Elin and to participate in all camp activities. I give permission for this child to participate in any off-site activities during camp and to be transported to and from these activities, including emergency situations (if any) by authorized vehicles. I will not hold Camp Elin or its agents liable for injury caused by common accident, illness or the rendering of emergency care.

Signature of Parent/Guardian or Staff Member _____ Date: _____, 20____

Printed name of Parent/Guardian or Staff Member _____
Please note any exceptions to the above here: _____

***Adult campers and staff members should sign and date ALL sections for themselves.**

1. Does the camper or staff member have now or been subject to, in the past, any of the following? Please check yes or no. If yes, please explain.

	Yes	No	Remarks
AIDS (HIV Virus)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergy, food or drug*	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergy, animals*	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergy, other*	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma*	<input type="checkbox"/>	<input type="checkbox"/>	_____
Convulsions/Seizures*	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes*	<input type="checkbox"/>	<input type="checkbox"/>	_____
Digestive Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ear Trouble (hearing)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional Disturbances	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lung Trouble	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Trouble	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery within last year	<input type="checkbox"/>	<input type="checkbox"/>	_____

***Please note that if camper has a history of asthma, diabetes, seizures or severe allergic reaction, complete written instructions are required indicating all medications, treatment and restrictions.**

- What communicable diseases has the camper or staff member had? Please check those that the camper or staff member has had.
 Chicken Pox Diphtheria Whooping Cough Polio
 Measles Mumps Scarlet Fever
- Is camper or staff member presently under treatment for any medical condition? Yes No If yes, please explain: _____
- Is camper or staff member presently taking any medication? Yes No If yes, please explain: _____
- Please include a completed and signed Medication Authorization Form for each medication (prescription & over-the-counter) being administered at the time of Camp.
- Please describe any physical handicaps, exercise restrictions or special diet needed by the camper or staff member. _____

Ascent Camps 2017
Permission to Administer Medication at Camp
Only for Campers bringing ANY medication to Overnight Camps
(ONE FORM PER MEDICATION)

Without this complete form and properly labeled medication, we cannot administer medication whether prescription or over the counter at camp.

If your child is bringing prescription or over the counter medication to camp, complete Sections 1-2 on Form D. Section 1 must be filled out and signed by the child's health care provider for any medication, Section 2 must be signed by the child's parent or guardian.

1

To be completed by the child's health care provider with prescriptive authority:

Child _____ Birthdate _____

Medication _____

Camp Attending _____

Dosage _____ Route _____

Time of day medication is to be given _____

Special Instructions _____

Purpose of medication _____

Possible side effects _____

Start date _____ End date _____

Signature of Person with Prescriptive Authority _____ Phone # _____ Date _____

Print Name: _____

2

To be completed by the parent or guardian:

I hereby give my permission for _____ to take the
Child Name

above medication, at camp, as ordered by the health care provider. I understand that it is my responsibility to furnish this medication.

Signature of Parent or Guardian _____ Date _____

NOTE: The medication is to be brought to camp in the original container which clearly states the child's name, the health care provider, the name of the medication, date, time dosage and route. This form must also be filled completely in order for the medication to be given. This is the Division of Child Care Licensing requirement.