

# Men-O-Lan Christian Camp & Retreat Center

## DAY CAMP- WHAT TO BRING



### Please Bring

<b>Bible</b>	<b>Extra pair of</b>
<b>Lunch</b>	<b>Sneakers</b>
<b>Modest Swimsuit</b>	<b>Towel for pool</b>
<b>Flip-flops for pool</b>	<b>Insect Repellant</b>
<b>Sweater or Jacket</b>	<b>Sunscreen</b>

Label all items brought to Camp. Men-O-Lan Christian Camp is not responsible for lost or stolen items.

#### **DRESS CODE:**

Staff and campers must observe a modest dress code at all times. Clothes that can get dirty are best to wear at camp. Wear modest one-piece swimming suits (TWO-PIECE BATHING SUITS ARE NOT PERMITTED). Shorts should be suitable for recreation and not overly tight or short, at least mid-thigh in length. Shirts should be suitable for recreation and not be revealing, overly baggy or tight. Spaghetti strap tank tops, shirts that bare the midriff and/or show cleavage are NOT permitted. Clothing with wording or images contrary to the Christian principles, or wording of any kind across the back of shorts/pants may not be worn.

#### **RULES:**

Campers are responsible to protect and respect the environment and the camp facilities. This includes keeping the grounds litter-free and graffiti-free. Any and all property damage will be charged to the offending parties. Other rules set by Men-O-Lan Christian Camp

Management shall be observed. Failure of any camper to observe the camp rules may result in expulsion.

#### **DON'T BRING:**

The following items are not permitted at camp: Cell Phones, CD/Tape players, iPOD/MP3 Players, Radios, Video Games, Laptop Computers, Tobacco, Lighters, Alcohol, Drugs, Nonprescription Medications, Knives, or Weapons of any kind. These items will be confiscated for the week if discovered in a camper's possession.

#### **VISITATION POLICY:**

To insure maximum safety and security, we do not permit parents and friends to visit during the camp week. Of course, please call with any emergencies or concerns, and feel free to drop off (at the office only) any important camper items left at home. For various reasons, campers are not permitted to have Cell Phones.

#### **A Special Note to Parents,**

Camp Men-O-Lan provides an opportunity for young people to step out of the normal routines of life and into a unique camp environment of fun and spiritual growth. Our primary goal is to clearly present the Gospel to all campers and provide opportunities for them to make a commitment to Christ. Campers who are already committed to Christ are encouraged spiritually and challenged to grow in their faith.

Many young people make their initial Christian commitment or experience significant spiritual growth during their time at camp. We believe that it is beneficial for a camper's pastor to be informed if a camper experiences significant spiritual growth at camp. When we are aware of this, a letter is sent to the pastor of the home church to encourage follow-up ministry to the camper. Should you have any questions, please call us at 215-679-5144, Ext. 23.

By registering and sending your child to camp, you agree and understand the risks of participating in activities at camp, and give permission for your child to participate in camp activities. You also give your permission to use pictures of your child at camp in camp materials or promotions.

If you have any questions, please call us at 215-679-5144

## DAY CAMP

### Check-In Procedure

EARLY CARE begins at 7.00AM. Any camper that has registered for early care may register at Landis Hall.

REGULAR DROP-OFF begins at 8.45AM. Each camper must have a completed Health Form and Parental Release Form. If you know that you will arrive after 9.00AM, please call the office a week prior to your arrival date so that special accommodations can be made.

To have your child registered in a timely fashion, please send all necessary forms to the office TWO WEEKS PRIOR to your arrival date.

Thank you!

**Men-O-Lan Christian Camp & Retreat**  
Parental Release Form

Please note that for the security & safety of your child or children, the following form must be submitted to camp prior to your arrival. No exceptions will be made.

Your child or children will not be released to anyone who is not listed below. Parents/Guardians MUST INCLUDE THEMSELVES on this form. A state issued form of ID (e.g. driver's license) will be required for pick up on the day of departure. Your ID will be verified upon entrance into camp for pick up. Only vehicles carrying a person with proper ID and indicated as an authorized person on this form will be permitted to enter. Thank you for your cooperation in advance.

***The following child or children:***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

***may be released to the following person(s):***

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Tel. No. (     ) \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Tel. No. (     ) \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Tel. No. (     ) \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Print Name \_\_\_\_\_

Date \_\_\_\_\_

**Men-O-Lan Christian Camp & Retreat Center**  
Camper Health Form & Activity Release

Camp Activity Date (month/day(s)/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**GENERAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M / F \_\_\_\_\_

**Parent/Guardian** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (cell) ( \_\_\_\_\_ ) \_\_\_\_\_ Phone (home) ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

**Name of Insurance ID#**

**Name of Subscriber Group#**

**Emergency Contact** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Phone (home) \_\_\_\_\_

**HEALTH HISTORY**

Does the individual have special needs, or current medical condition(s) : y / n  
If y, please explain: \_\_\_\_\_

Does the individual have allergies, including food: y / n  
If y, please explain: \_\_\_\_\_

**MEDICATION HISTORY PLEASE SEE REVERSE SIDE FOR SPECIFIC PRESCRIPTION MEDICATION DIRECTIONS**

List any other health information that we should be aware of or which may affect campers ability to participate in any activity: \_\_\_\_\_

**IMMUNIZATION HISTORY**

Please circle the following vaccinations that are current & up-to-date: DPT POLIO OPV MMR

Please list the MONTH & YEAR of your child's last Tetanus Booster: \_\_\_\_\_ / \_\_\_\_\_

**This history is correct as far as I know. The camper listed above has permission to engage in all camp activities. In the event I cannot be reached in an emergency, I hereby give permission to Men-O-Lan and emergency services to transport, hospitalize, and secure proper treatment for my child named above.**

**I agree that I understand the risks of outdoor activities & camping life, and consent to the following: I shall not hold the camp or any of its representatives responsible or legally liable for losses of personal property or bodily injury; my child may participate in all camp activities; camp photographs/videos in which my child appears may be used in camp publicity, publications, and/or promotions.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

## Physician's Authorization to Dispense Medication

Due to state regulations, in order for any camper to receive prescription medication while attending Men-O-Lan, this form ***must be completed, signed AND stamped by your prescribing physician:***

Camper Name \_\_\_\_\_

Medication (1) \_\_\_\_\_

Dosage \_\_\_\_\_  
Frequency \_\_\_\_\_  
Route \_\_\_\_\_  
Duration \_\_\_\_\_  
Adverse Rxns \_\_\_\_\_

Medication (2) \_\_\_\_\_

Dosage \_\_\_\_\_  
Frequency \_\_\_\_\_  
Route \_\_\_\_\_  
Duration \_\_\_\_\_  
Adverse Rxns \_\_\_\_\_

Specific condition when contact should be made with the physician

Prescribing Physician's Signature \_\_\_\_\_

Physician Stamp
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Office Tel. No. (    ) \_\_\_\_\_

Date \_\_\_\_\_