

Christian Day Camp

June 13-18



Theme: Jesus is God's Selfie and So am I!

Dear Campers and parents,

I am excited to get you signed up for day camp this summer. Camp will be held at Saulsbury Recreational Area approx. 5 miles Northwest of Muscatine. Camp starts at 9:00 and ends at 3pm. Except Friday- when you can choose to stay all night. Camp runs Rain or Shine! You are responsible for providing transportation to and from camp each day. This camp invites you to bring your bike. Bikes will be stored inside each night in a locked area. If you do not have a bike, maybe you can borrow one. On Tuesday Harper Cycling will come and talk to us about bike safety.

- Before arriving: Please take time to apply sunscreen and bug spray before your camper arrives at camp, this will help campers with better coverage. Leaders will help re-apply both at lunchtime.
- Eat a good breakfast. Lunch will be about 11:30. Peanut butter, or bring your own, will be the alternates if you do not care for what's served. Our local churches are kindly providing the kid friendly foods so please thank them for this. I will circulate a menu.

Arrival between 8:30-9 and pick up at 3:00. Only designated adults on your form will be allowed to pick your children. Please note that.

Please wear your camp shirt each day. It will help us keep our kids together at a glance. Please do not wear flip flops or sandals, and comfortable clothing with the weather in mind.

What to bring: A string bag you can wear like a backpack, a small blanket or towel, sunscreen, bug spray, water bottle that can be refilled throughout the day, jacket if needed, rain poncho if needed, extra shoes, socks, maybe extra an extra shirt and shorts, as some days are messy and wet. Please label everything. You may carry your phone in your bag but please do not use it unless to check for parental messages. Remember you are riding bikes so bring things you can carry. All items should be carefully marked.

K-3 kids will have the opportunity for creek stomping in shallow water. They will want another set of clothing to change into if possible.

4-6th graders will be able to participate in archery and canoeing with parents' permission. All activities are strictly supervised by the Discovery staff and other leaders. The 4-6th graders also have the opportunity to stay all night on Friday night. The Naturalists have several unique activities planned for that night including shelter building, fire starting, animal tracking, and a storyteller and devotion for that night. They will sleep in the climate controlled lodge overnight.

We will have a nurse available each day for any needs that may arise. Poison ivy is an issue for many people, this park has it. There are products that you may want to apply to your children in the mornings. The naturalists said one of the first things they do is have a little class on identifying it.



If by chance Saulsbury should flood, all activities will be held at Discovery Park on Cedar st. Muscatine.

I would like to register my child: For each child use a separate form.

Name _____ Address _____ Phone _____

Email _____ Parent name _____ Age _____

Pick-up person _____ My child's t-shirt size is _____ My fee is \$10 per child _____

My child can engage in water activities including canoeing for 4-6th grade during day camp:
Yes _____ No _____ My child can stay overnight on Friday night. Yes _____ No _____

I have turned in a health form. Yes _____ My child would like to be in a group with this friend _____. I would like to help, as group leader or assist activities _____.

Please return all forms and questions to axtellcindy@hotmail.com or Cindy Axtell 563-260-5673 2753 150th street, Muscatine, Iowa 52761

This camp is put together by the Muscatine churches to help our kids know they are important and so they can get to know God's love a little better. All denominations are welcome, bring a friend or friends. Each person does need a permission slip, \$10, and a health report filled out. All this we would like to have in before February 15th. If you cannot bring your child out to camp, there are pastors and other responsible adults who have agreed to give a ride to children. If you would like to volunteer and or help you are welcome. So many community folks have some together to make this a great week, I am excited to hear the laughter and see the smiling faces of the children and adults!

I also will tell you that the UM churches follow the Safe Sanctuaries plan and this will be followed at camp also so everyone is safe in all ways.

****BRING THIS CARD WITH YOU TO CAMP****
*****A COMPLETE HEALTH CARD IS REQUIRED FOR ALL CAMPERS*****

Camper Name _____ Name of Person Completing Form _____
 Address _____ City, State, Zip _____
 Daytime Phone Number _____
 Date of Birth _____ Age _____ Grade entering in Fall _____

EMERGENCY CONTACT (MUST INCLUDE YOURSELF)		
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

Are there any custodial issues we need to be aware of: YES NO
 Please explain, if YES _____

Insurance information - is the participant covered by family medical/hospital insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, carrier or plan name: Policy Number Name of Insured	Carrie Phone Number Group Number Relationship to Camper

Family Doctor and Phone Number _____
 Dentist/Orthodontist and Phone Number(s) _____
 Date of last health exam _____ Any medical issues at the time _____

HEALTH HISTORY
 CHECK ALL THAT APPLY & EXPLAIN ANY OF THE CHECKED ITEMS, RESTRICTIONS OR OTHER CONDITIONS WE NEED TO BE AWARE OF

CHRONIC OR RECURRING ILLNESS	OTHER HEALTH CONDITIONS	
<input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding/Clotting Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Seizure/Epilepsy <input type="checkbox"/> Sinusitis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Bedwetting <input type="checkbox"/> Behavioral Disturbances <input type="checkbox"/> Constipation <input type="checkbox"/> Depression <input type="checkbox"/> Diarrhea <input type="checkbox"/> Emotional Disturbances <input type="checkbox"/> Fainting <input type="checkbox"/> Frequent Colds <input type="checkbox"/> Frequent Headaches <input type="checkbox"/> Frequent Sore Throats	<input type="checkbox"/> Frequent Stomach Aches <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Menstrual Cramps <input type="checkbox"/> Motion Sickness <input type="checkbox"/> Night Terrors <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Pediculosis (Lice) <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Wears glasses/contacts <input type="checkbox"/> Wears orthodontic devices <input type="checkbox"/> Other (Specify) _____
Other, Explain here: _____		

Allergies: YES NO
 This camper has allergies to: Food Medicine Environmental Other (Specify) _____
 This camper has a Regular diet Vegetarian Diet Special Food Needs _____

Campers First and Last Name

<p>In the last year, has the camper had:</p> <input type="checkbox"/> An injury/illness requiring medical attention <input type="checkbox"/> A surgical operation or fracture <input type="checkbox"/> restriction s from participating in P.E. class <input type="checkbox"/> An illness lasting longer than 5 days <input type="checkbox"/> Hospital treatment <input type="checkbox"/> Exposure to a contagious disease	<p>Is the camper currently:</p> <input type="checkbox"/> Receiving psychological treatment <input type="checkbox"/> Under a physician care <input type="checkbox"/> Restricted from physical activities <input type="checkbox"/> Taking prescription medication <input type="checkbox"/> Taking over the counter medication																											
<p>Please explain anything checked above:</p>	<p>Please explain anything checked above:</p>																											
<p>Has the camper had:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Chicken Pox</td> <td>YES</td> <td><input type="radio"/></td> <td>NO</td> <td><input type="radio"/></td> </tr> <tr> <td><input type="checkbox"/> Measles/German Measles</td> <td>YES</td> <td><input type="radio"/></td> <td>NO</td> <td><input type="radio"/></td> </tr> <tr> <td><input type="checkbox"/> Mumps</td> <td>YES</td> <td><input type="radio"/></td> <td>NO</td> <td><input type="radio"/></td> </tr> <tr> <td><input type="checkbox"/> Hepatitis</td> <td>YES</td> <td><input type="radio"/></td> <td>NO</td> <td><input type="radio"/></td> </tr> <tr> <td><input type="checkbox"/> Menstrual cycle</td> <td>YES</td> <td><input type="radio"/></td> <td>NO</td> <td><input type="radio"/></td> </tr> </table>	<input type="checkbox"/> Chicken Pox	YES	<input type="radio"/>	NO	<input type="radio"/>	<input type="checkbox"/> Measles/German Measles	YES	<input type="radio"/>	NO	<input type="radio"/>	<input type="checkbox"/> Mumps	YES	<input type="radio"/>	NO	<input type="radio"/>	<input type="checkbox"/> Hepatitis	YES	<input type="radio"/>	NO	<input type="radio"/>	<input type="checkbox"/> Menstrual cycle	YES	<input type="radio"/>	NO	<input type="radio"/>	<p>The follow medications can be given at camp. Please specify which medication that your child can have.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Tylenol <input type="checkbox"/> Decongestant <input type="checkbox"/> Antacid <input type="checkbox"/> Benadryl <input type="checkbox"/> Visine (eye drops) <input type="checkbox"/> Baby Powder </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Claritin <input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Cough drops <input type="checkbox"/> Hydrocortisone cream <input type="checkbox"/> NONE OF THESE </td> </tr> </table>	<input type="checkbox"/> Tylenol <input type="checkbox"/> Decongestant <input type="checkbox"/> Antacid <input type="checkbox"/> Benadryl <input type="checkbox"/> Visine (eye drops) <input type="checkbox"/> Baby Powder	<input type="checkbox"/> Ibuprofen <input type="checkbox"/> Claritin <input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Cough drops <input type="checkbox"/> Hydrocortisone cream <input type="checkbox"/> NONE OF THESE
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Prescription or over-the-counter medications brought from home MUST be in their original container, clearly labeled and can only be given according to the package directions or as prescribed by a physician. (complete below)

Medications	Condition Treated	Dosage	Time of Day	Taken with Food?

This health history is complete and accurate so far as I know and the above stated person has my permission to participate in all activities. I understand that when participating in Girl Scout activities, participants may be photographed for print, video or electronic imaging and that those images may be used in published formats and belong to the Girl Scouts. I hereby give permission for the camp staff to provide routine health care, administer prescribed and non prescription medication, arrange necessary transportation, seek emergency medical treatment, including X-rays, routine tests, injections and/or anesthesia and/or surgery, for camper named above. I understand all precautions will be taken for camper care and supervision. In case of an emergency, the camp staff will call at least one of the contacts on the list. If none of the contacts on this form can be contacted, I consent to treatment for my daughter under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act.

I understand the information on this form will be shared on a "need to know" basis with camp staff in order to provide adequate safety and health care to the participant. The completed forms may be photocopied for trips out of camp. I entrust care of my child to camp staff during her visit. Beyond this I will not hold camp staff or the Girl Scouts of Eastern Iowa and Western Illinois responsible or liable.

*****PARENT/GUARDIAN SIGNATURE

*****DATE

Tuesday June 13th

Time	Group 1	Group 2	Group 3	Group 4
9:00-9:30	Opening/ Group Building	Opening/ Group Building	Opening/ Group Building	Opening/ Group Building
9:30-10:30	Bible Story/Craft, Games, Music	Mike Edmonds Kent Research Experiments	Steve Asmus Petting Zoo	MCCB Nature Hike
10:30-11:30	MCCB Nature Hike	Bible Story/Craft, Games, Music	Mike Edmonds Kent Research Experiments	Steve Asmus Petting Zoo
11:30-12:30	Bike Safety & Lunch	Bike Safety & Lunch	Bike Safety & Lunch	Bike Safety & Lunch
12:30-1:30	Steve Asmus Petting Zoo	MCCB Nature Hike	Bible Story/Craft, Games, Music	Mike Edmonds Kent Research Experiments
1:30-2:30	Mike Edmonds Kent Research Experiments	Steve Asmus Petting Zoo	MCCB Nature Hike	Bible Story/Craft, Games, Music
2:30-3:00	Closing	Closing	Closing	Closing

Wednesday June 14th

Time	Group 1	Group 2	Group 3	Group 4
9:00-9:30	Opening/ Group Building	Opening/ Group Building	Opening/ Group Building	Opening/ Group Building
9:30-10:30	MCCB Fishing	Bible Story/Craft, Games, Music	Kathy Smith	Rod H. GPC
10:30-11:30	Bible Story/Craft, Games, Music	MCCB Fishing	Rod H. GPC	Kathy Smith
11:30-12:30	Lunch	Lunch	Lunch	Bike Safety & Lunch
12:30-1:30	Rod H. GPC	Kathy Smith	MCCB Fishing	Bible Story/Craft, Games, Music
1:30-2:30	Kathy Smith	Rod H. GPC	Bible Story/Craft, Games, Music	MCCB Fishing
2:30-3:00	Closing	Closing	Closing	Closing

Thursday June 15th

Time	Group 1	Group 2	Group 3	Group 4
9:00-9:30	Opening/ Group Building	Opening/ Group Building	Opening/ Group Building	Opening/ Group Building
9:30-10:30	Scavenger Hunt	MCCB Archery (older) Atl-Atl's (younger)	Bible Story/Craft, Games, Music	Fire Fighters
10:30-11:30	Fire Fighters	Scavenger Hunt	MCCB Archery (older) Atl-Atl's (younger)	Bible Story/Craft, Games, Music
11:30-12:30	Lunch	Lunch	Lunch	Lunch
12:30-1:30	Bible Story/Craft, Games, Music	Fire Fighters	Scavenger Hunt	MCCB Archery (older) Atl-Atl's (younger)
1:30-2:30	MCCB Archery (older) Atl-Atl's (younger)	Bible Story/Craft, Games, Music	Fire Fighters	Scavenger Hunt
2:30-3:00	Closing	Closing	Closing	Closing

Friday June 16th

Time	Group 1	Group 2	Group 3	Group 4
9:00-9:30	Opening/ Group Building	Opening/ Group Building	Opening/ Group Building	Opening/ Group Building
9:30-10:30	Cathy J- "I AM"	MCCB Water Games	Bible Story/Craft, Games, Music	MCCB Paddling
10:30-11:30	MCCB Paddling	Cathy J- "I AM"	MCCB Water Games	Bible Story/Craft, Games, Music
11:30-12:30	Lunch	Lunch	Lunch	Lunch
12:30-1:30	Bible Story/Craft, Games, Music	MCCB Paddling	Cathy J- "I AM"	MCCB Water Games
1:30-2:30	MCCB Water Games	Bible Story/Craft, Games, Music	MCCB Paddling	Cathy J- "I AM"
2:30-3:00	Closing	Closing	Closing	Closing
3:00-4:00	Fire Building	Shelter		
4:00-5:00	Shelter	Fire Building		
5:00-6:00	Supper	Supper		
6:00-7:00	Treasure Hunt	Storyteller		
7:00-8:00	Storyteller	Treasure Hunt		
8:00-9:00	Smores	Smores		
9:00-10:00	Night Hike			

Saturday June 17th

Time	Group 1	Group 2
8:00-8:30	Breakfast	Breakfast
8:30-9:30	Group Games	Group Games