



The Salvation Army Youth Summer Camp 2010

Gene Eppley Camp



How much does Camp cost?

The camp fee is based on income that is provided on the Summer Food Service Program Form that is required to be filled out by each camper. Based on the information received your fee may be waived although no camper will be charged more than \$10 per day. After we receive your registration packet you will be sent a confirmation that will include the cost of your camp fee. Your camp fee is to be brought on registration day in the form of cash or check made out to The Salvation Army. At registration you will also be able to put money in the camp bank for your child to use while visiting the Camps Snak Shak.



Salvation Army Locations

Omaha Central
3738 Cuming St.

Omaha North
2424 Pratt St.

Omaha South
Kroc Center
2825 "Y" St.

Council Bluffs
715 N. 16th St.

Camp
915 Allied Rd.
Bellevue, NE
68123

Headquarters
3612 Cuming St.
Omaha, NE
68131

How do I sign-up my child for camp?

Fill out the attached application and turn it in at any of The Salvation Army locations listed on the left or mail to The Salvation Army, 3612 Cuming Street. Omaha, NE 68131. Additional copies and information available at www.geneppleycamp.org you can also call Kim at 402-898-5921.

When are applications DUE?

Applications are due no later than 1 week prior to your child attending camp. Turn forms in ASAP to ensure that your child gets placed in their session choices. Complete applications will take priority over incomplete applications.

How do I know if my child has been accepted?

You will be contacted via mail at the address you provide on the application or via e-mail if you choose for us to contact you in that manner.

What if I have more questions about camp or applying for camp?

Contact The Salvation Army in your local neighborhood (listed on this page), visit www.geneppleycamp.org or e-mail Kim_Herivel-Walter@usc.salvationarmy.org

What activities will my child be involved in at Camp?

Archery, ropes course, swimming, arts & crafts, field games, chapel meetings, boating, cabin devotions, campfires, music & drama, basketball, volleyball & much more! **Activities are supervised at all times. Water activities are always supervised by lifeguards who are American Red Cross Certified. All staff are Red Cross trained in first aid & CPR. We've conducted background checks to be sure your children are with the best camp staff. During camp, we are in constant contact with staff by radio, and are immediately available to handle, as a team, any circumstance that might arise.**

What should my child pack for Camp?

Sleeping bag or sheets/blanket, pillow, towels, soap, light jacket or sweatshirt, toothbrush, toothpaste, one piece bathing suit, toiletries, flashlight, socks and gym shoes, insect repellent, sunscreen, shower shoes, rainwear, laundry/plastic bag, modest shirts and shorts, jeans, Bible, notebook, pajamas

What should my child NOT bring to Camp?

CD, DVD or MP3 players, cell phone, electronic games, food, drinks, candy, money (not needed), personal valuables, fireworks, pocket knives, toys, or any other dangerous items.

Can I visit Camp?

Parents and guardians are asked to not visit their child during camp as we have found this promotes homesickness. To schedule a visit to camp prior to your child attending you may call 402-291-1912. Thank you for your cooperation.

Can I send mail to my child while at Camp?

Yes, campers love receiving mail! Send mail to 915 Allied Rd, Bellevue, NE 68123, make sure your child's name and session name are marked clearly on the envelope. You can also send an email to your child (please no pictures). Send emails to Kim_Herivel-Walter@usc.salvationarmy.org with your child's name and session name in the subject line.

2010 Summer Camps

Dates	Registration Deadline	Camp	Eligibility	Information
June 1 - June 5	May 25 th	Older Adult Camp	55 years old +	Come and meet other Older Adults and have fun participating in many different activities.
June 15 - 18	June 8 th	Sports Camp I	Ages 7 - 10	Come and learn a new sport or advance in a sport you are already familiar with.
June 19 - 26	June 11 th	Music Camp (WMI)	Ages 9 - 17	Singing and Instrumental are the main classes. To play an instrument you must already have some experience and bring an instrument. Electives are also taught in a variety of activities including guitar, worship dance, puppets, etc.
June 29 - July 2	June 22 nd	Sports Camp II	Ages 11 - 15	Come and learn a new sport or advance in a sport you are already familiar with.
July 6 - July 10	June 29 th	Jr. Girls' Camp	Age 6 - Completed 5 th Grade	Girls will learn how important they are in God's Kingdom through classes and Bible Study.
July 12 - 16	July 5 th	Sr. Girls' Camp	Completed 5 th Grade - 17	Teenage girls will learn to work together as a team and learn important life skills that will encourage them to become a productive member of society.
July 12 - 17	July 5 th	Sr. Boys' Camp (Rapid City, SD)	Completed 5 th Grade - 17	Teenage boys will encounter the basics of outdoor living which includes tent camping, nature study, hiking and fun in Rapid City, SD!
July 19 - 22	July 12 th	Jr. Boys' Camp	Age 6 - Completed 5 th Grade	Boys will learn and expand their creativity and sense of adventure through educational and recreational classes.
July 26 - 29	July 19 th	Discovery Camp	Ages 8 - 12	Come and discover what God has in store for you at Gene Eppley camp through fun activities, Bible study, and much more!



GENE EPPLEY CAMP 2010

Form 1: APPLICATION

One form per Camper: please see attached form regarding each session's eligibility requirements.

NAME _____ D.O.B. _____ AGE _____
NICKNAME _____ GENDER: M or F _____
ADDRESS _____ CITY _____ STATE _____
ZIP CODE _____ LAST GRADE COMPLETED _____
HOME PHONE _____ PARENT/GUARDIAN CELL PHONE _____
PARENT EMAIL _____
EMERGENCY PHONE NUMBERS _____ OR _____
CHURCH _____ SCHOOL _____

CAMP T-SHIRT: (circle one size) Youth: (6-8) (10-12) (14 - 16) Adult: (S) (M) (L) (XL) (2X) (3X) (4X)

SESSION PLANNING TO ATTEND (see information page 2, may choose two)

- Sports Camp I Music Camp Sports Camp II Jr. Girls Camp
Sr. Girls Camp Sr. Boys Camp Jr. Boys Camp Discovery Camp

PARENT'S AGREEMENT: PHOTOGRAPHS AND FIELD TRIPS

I hereby irrevocably grant to The Salvation Army the absolute right and permission to copyright, publish or use any photographs, pictures or likeness, negatives, prints, motion pictures, video tapes, or any reproductions of same included in whole or part, or composite or distorted in character or form, in conjunction with my child's/my name or a fictitious name, or reproductions thereof in color or otherwise, made through any media for art, advertising, or any other lawful purpose whatsoever. I also grant The Salvation Army the same right and permission to use any statements or testimonies made by my child/ me regarding the camping experience.

I understand that on occasion camp activities may include short day trips off camp grounds. Therefore, I hereby give permission for my child to participate in Salvation Army activities conducted off the camp grounds with adult supervision. By checking this box I hereby withhold permission for photographs of my child/ward to be used for media purposes of The Salvation Army. If so please attach a picture of your child so we can ensure their privacy.

PARENT OR GUARDIAN MUST SIGN AND DATE BELOW.

SIGNATURE _____ DATE _____

FOR THE CAMPER AND PARENT/GUARDIAN: CAMPER'S AGREEMENT WITH CODES OF CONDUCT AND DRESS

The Codes of Conduct and Dress have been reviewed with me by an adult. I agree to conduct myself according to these codes, and I understand that if I choose to ignore any/all of the Codes I may risk IMMEDIATE DISMISSAL FROM CAMP.

I also understand that transportation for my dismissal must be provided by my parent/guardian.

CAMPER AND PARENT/GUARDIAN MUST SIGN AND DATE BELOW.

CAMPER AND PARENT/GUARDIAN SIGNATURE _____ DATE _____

CAMPER CODE OF CONDUCT

1. Never enter any cabin except your own. No one is allowed in a cabin of the opposite sex at anytime.
2. Campers are expected to attend all events on the daily schedule – including meals, flag ceremonies, classes, rehearsals, programs, meetings and devotions.
3. Campers are expected to observe curfew hours.
4. Shoes should be worn at all times, including to and from the pool.
5. The use of tobacco, alcoholic beverages and narcotics will not be tolerated. Firecrackers are not allowed on campgrounds.
6. No student will leave the campground without permission from the appropriate leader.
7. All campers are expected to handle basic cabin responsibilities with maturity by keeping personal belongings in neat order, making bed and assisting with cabin cleaning assignments daily.
8. Campers are responsible for any damages they cause to camp property.
9. Once assigned a specific seat in the dining room, camper will sit at that place for every meal.
10. No food is to be taken out of the dining room.
11. Swim suits are only allowed at the pool.
12. No one is allowed near the pond or on the boat dock without proper camp staff supervision.
13. Campers are not allowed past the dike, into the wooded area, **UNLESS ACCOMPANIED BY A LEADER.**
14. Campers must follow the camp dress code.
15. Campers are expected to use respectful language. No cursing or vulgarity.
16. Cell Phones are not recommended to be brought to camp however if you choose to bring one they may only be used during free time and you bring it at your own risk.
17. Campers will be sent home if:
 - a. The student physically abuses another person.
 - b. Dials 911 falsely or pulls a fire alarm.
 - c. Enters cabin of person of opposite gender.

DRESS CODE

1. Appropriate footwear must be worn at all times on the camp grounds, except while swimming. This includes to and from the swimming area.
2. Modest one-piece bathing suits must be worn while swimming, Bikini, thong, French-cut, or similar low cut back or high leg styles are not permitted.
3. Flip Flops are not allowed except to and from the pool. Slippers are only allowed inside the cabin.

Leave at Home:

- Two Piece Swimwear (if it has two pieces it is a two piece suit)
- Short Shorts. Keep your buns covered.
- Short Skirts.
- Midriff T-Shirts. Keep your bellies covered.
- Spaghetti strap shirts. Keep your shoulders covered.
- T-shirts with inappropriate slogans or messages or alcohol, tobacco advertisement. Check with your Corps Officer if you have any questions.

Camper will be asked to change if dressed inappropriately. Dress in "Gene Eppley style" or end up wearing items from our "Left Behind" line of fashion.

CHALLENGE COURSE FORM

Camper Name: _____ AGE _____

Dear Parent,



This summer, your child may have the opportunity to participate in the **Gene Eppley Camp Challenge Course (GE3C)**, a great opportunity for growth and development.

The Challenge Course uses a variety of activities including warm-ups, group games, team-building initiatives and low and high confidence elements. The activities are physically demanding and designed with safety in mind for anyone in reasonably good health.

GE3C staff are professionally trained by course designer and builder Challenge Options Inc, which is peer-certified through the Association for Challenge Course Technology, an American National Standards Institute accredited (ANSI) standards developer.

Please discuss with your child that the **GE3C** "Your Challenge, Your Choice" philosophy means he or she has the power to choose his or her level of challenge in all activities. Course facilitators will encourage your child to excel while respecting their self-determined commitment.

And...as with any physical activity, there is a risk of injury. To maximize safety and character growth potential, listening to and following facilitator instructions are essential. Asking questions is basic to understanding, and is expected from children.

Your child's **GE3C** experience may include any of the following. For each activity, please indicate if they **MAY** or **MAY NOT** participate by checking the appropriate box:

May	May Not	Activity/Description (age limits will apply to some activities)
<input type="checkbox"/>	<input type="checkbox"/>	Low Challenge Course Campers maneuver an obstacle course constructed with rope and wood, sometimes suspended 3-4 feet above the ground using trained ground spotters.
<input type="checkbox"/>	<input type="checkbox"/>	High Challenge Course Campers are given the opportunity to experience an obstacle Course suspended 30 feet above the ground on poles. Safety harnesses, helmets and support lines are used. Instructors are trained to Challenge Options Inc standards.
<input type="checkbox"/>	<input type="checkbox"/>	Climbing Tower Campers are given the opportunity to climb Beginner and Intermediate climbing walls built on the 37 ft. climbing tower. Safety harnesses, helmets and support lines are used. Instructors are trained to Challenge Options Inc standards.
<input type="checkbox"/>	<input type="checkbox"/>	Zip Line Campers in safety harness and helmet ride a cable 250 feet long attached to two poles, beginning at the top of the 37 ft tower. Instructors and ground spotters are trained to Challenge Options Inc standards.

Recommended Clothing:

- Comfortable, modest and non-revealing clothing that permits freedom of movement
- Tennis or walking shoes – no open-toed shoes, flip-flops, or sandals.

Signature below verifies the following:

I have submitted a Gene Eppley Camp health form and permission for medical treatment as part of my child's application to attend The Salvation Army Gene Eppley Camp. (That form covers all Camp activities, including Challenge Course, and must be on file at camp for your child to attend.)

I have provided my child with footwear which can be worn on the Challenge Course (tennis shoes, walking shoes, etc) (For your child's safety, **NO** flip-flops, sandals, or open-toed shoes will be allowed on the course.)

I affirm that I have answered questions accurately and completely, and I acknowledge that I understand the nature of the activities and associated risks to my child. The child described in this form has permission to engage in all Gene Eppley Camp Challenge Course activities except as noted by me above. I hereby release Gene Eppley Camp, The Salvation Army, GE Camp staff and medical caregivers from any and all liability for bodily injury, emotional injury or loss of property associated with these activities.

Signature of Participant

Date

Signature of Parent or Guardian (If Participant is under 19) Date

GOALS OF THE SALVATION ARMY'S CAMPING PROGRAMS

1. To promote awareness of God, present the opportunity for campers to receive Christ as their personal Savior and to aid in their spiritual growth.
2. To give children, youth and adults a fun-filled, healthy, safe, educational and inspirational experience in the outdoors.
3. To help develop an understanding, appreciation and sense of stewardship for the outdoors, for the natural environment and for all living creatures.
4. To help individuals grow in understanding themselves and each other, especially for children to experience relationships with a caring staff and to encourage people of varied cultures to develop compassion and love for each other.
5. To provide a loving and supportive environment where families can learn to cope with and solve their problems.
6. To facilitate creative self-expression through thought, worship, song, work, play, physical activity and the development of new skills.
7. To encourage each person to participate in planning activities and developing leadership skills.
8. To assist in developing an appreciation of the wonder and joy of the miracles of everyday living.
9. To develop social responsibility by proving campers the opportunity to meet, appreciate and accept persons of different racial, and cultural backgrounds.
10. To assist campers in the process of internalizing religious values by relating religion to daily living and actions through meaningful discussions, ceremonies, and worship service.

These goals are achieved through carefully selected staff, well planned programs, and the highest standards of health and safety.

HEAD LICE POLICY

Please check ALL CAMPERS for head lice PRIOR TO ARRIVAL. If you detect head lice, please send a copy of this instruction sheet home with the child. All children will be checked again upon arriving at Gene Epley Camp. If any lice/nits are detected that child will be sent home. Parents will not be able to leave camp until their child is checked. Millions of school children contract head lice each year. Children play in close contact with each other. A simple exchange of hats, clothing, brushes, combs, pillows, and other personal article can result in transmission of head lice from one child to another. Contact your doctor or your Health Division or purchase a non-prescription head lice preparation from a drugstore and follow directions carefully. By doing this and following the advice below, you can more effectively detect and prevent head lice in a family member.

If there is any evidence of lice when a camper arrives, they will have to return home. They cannot be treated at camp or be treated that day and return to camp. Anyone sent home for treatment may return to another later camp if they are found to be symptom-free.

INSPECT

Examine Heads

Carefully examine hair and scalps of all family members for lice and their eggs. Lice are small grayish-tan, wingless insects. Lice lay eggs called nits.

Detect Nits

Nits are firmly attached to the hair shafts, close to the scalp. Nits are much easier to see and detect than lice. They are small whitish specks and are usually found at the nape of the neck and behind the ear.

TREAT

Use a Pediculicide

Once head lice and/or nits are found, your doctor may prescribe a medicine called a pediculicide. Or you may purchase a non-prescription head lice preparation from a drugstore. Be sure to follow directions exactly.

Use Nit Comb

After hair has dried thoroughly, the nits may be removed with a special nit comb. Combing to remove nits is necessary for a camper to go to camp. All nits must be removed.

CLEAN UP ENVIRONMENT

Wash

Lice are easily spread from one person to another. Make sure persons with head lice do not share articles (combs, brushes, towels, hats, scarves, pillows, etc.) that have come in contact with their head, neck, or shoulders. Use hot water to wash lice-exposed clothes, towels, and bed linens. Soak combs and brushes in hot water for 10 minutes. Dry-clean hats and clothing that cannot be washed (or seal in a plastic bag for at least two weeks.)

Vacuum

Vacuum carpets, upholstery, pillows, and mattresses which may have been exposed to persons with head lice.

***NOTE: Public Health Officials believe the incidence with head lice infestation is on the rise. If one child's infestation is overlooked; the stage is set for transmission to the rest of the camp.**

Dear Parent or Guardian:

The Salvation Army Gene Eppley Camp will be sponsoring the Summer Food Service Program. This site may be able to receive Federal reimbursement for meals if enough children are eligible based on income and household size or receipt of benefits. Please complete this application and return it with your registration packet.

If you now get food stamps, TANF or FDPIR for the children in your household, the application must list each child's name, a food stamp, TANF or FDPIR number and signature of an adult household member.

If you are applying for a foster child, the application must have the child's name, the child's personal use income and an adult signature.

Income Eligibility Guidelines 2009-2010

If you do not receive Food Stamps, TANF or FDPIR and your income falls within this chart, the application must have the children's names, the names of all household members, and the amount of income each person received last month and how often it was paid, the signature of an adult household member and that person's social security number or the boxed checked indicating that person has not social security number.

Household Size	Annual	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For each additional family member add:	6,919	577	134

Confidentiality: This information is used only for the Summer Food Service Program.

Unless you list the child's food stamp, FDPIR or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or TANF office to determine current certification for food stamps, FDPIR or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigation of violations of certain Federal, State and local education, health and nutrition programs.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

SUMMER FOOD SERVICE PROGRAM APPLICATION

Part 1. Children in Summer Program (Use a separate application for each foster child)

Names of all children participating in Summer Program (First, Middle Initial, Last)	Age	Food Stamp or TANF or FDPIR case # for each child. (not EBT #)

If you listed a Food Stamp/FDPIR/TANF case number for EACH child, skip to Part 4. Complete Part 3 for any child without a case number.

Part 2. Foster/Institutionalized Child

If this application is for a foster child or a child who is residing in an institution, list the amount of the child's personal use monthly income: \$ _____. If there is no income, record "0". Skip to Part 4.

Part 3. Total Household Income from Last Month—You must tell us how much and how often

1. Name of each person	2. Gross Income and how often it was received								3. Check if NO income
List everyone in household <u>and</u> the income each earns <u>or</u> check the box at the right if they have no income.	Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security		Other income (Self Employment)		
	Income	How often	Income	How often	Income	How often	Income	How often	
	\$		\$		\$		\$		<input type="checkbox"/>
	\$		\$		\$		\$		<input type="checkbox"/>
	\$		\$		\$		\$		<input type="checkbox"/>
	\$		\$		\$		\$		<input type="checkbox"/>
	\$		\$		\$		\$		<input type="checkbox"/>
	\$		\$		\$		\$		<input type="checkbox"/>
	\$		\$		\$		\$		<input type="checkbox"/>
	\$		\$		\$		\$		<input type="checkbox"/>
	\$		\$		\$		\$		<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on page 2.)

PENALTIES FOR MISREPRESENTATION: *I certify that all of the above information is true and correct and that the food stamp, FDPIR, TANF or other eligible program case number is current, correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the Meal Benefit Form and that the deliberate misrepresentation of the information may subject me to Prosecution under applicable State and Federal laws.*

Printed Name: _____ Address: _____
 Sign here: _____ Phone: _____ Zip _____
 Social Security Number: _____ - _____ - _____ or I do not have a Social Security Number

Part 5. Children's racial and ethnic identities (optional)

Mark one ethnic identity:
 Hispanic or Latino Not Hispanic or Latino

Mark one or more racial identities:
 Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White

Don't fill out this part. This is for sponsor use only.

Annual Income Conversion: Weekly X 52; Every 2 Weeks X 26; Twice a Month X 24; Monthly X 12

Total Household Size _____	Foster/Institutionalized Child <input type="checkbox"/>	Qualified <input type="checkbox"/>	
Total Income \$ _____ per	Food Stamps/FDPIR/TANF <input type="checkbox"/>	Denied <input type="checkbox"/>	Reason for Denial:
<input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Week		Income too high <input type="checkbox"/>	Incomplete App. <input type="checkbox"/>
Signature of Determining Official _____		Date Approved _____	



CAMPER HEALTH AND MEDICAL HISTORY

This side is to be filled out by parent, legal guardian, or camper over age 18.

The Salvation Army
Gene Eppley Camp
915 Allied Rd
Bellevue, NE 68123
Tel. (402) 291-1912
Fax (402) 291-1936

Camper Name _____ Birthdate _____ Age _____ Sex _____
LAST FIRST INITIAL

Parent/Legal Guardian/Spouse _____

Home Address _____ Phone _____
STREET & NUMBER CITY STATE ZIP (AREA CODE) - NUMBER

Business Address _____ Phone _____
STREET & NUMBER CITY STATE ZIP (AREA CODE) - NUMBER

Second Parent/Legal Guardian/Emergency Contact _____

Home Address _____ Phone _____
(Address different than above) STREET & NUMBER CITY STATE ZIP (AREA CODE) - NUMBER

Work Phone _____ Cell Phone _____ Alternate Phone _____
(AREA CODE) - NUMBER (AREA CODE) - NUMBER (AREA CODE) - NUMBER

If not available in an emergency, notify: _____
FIRST NAME LAST NAME

Home Address _____ Phone _____
(Address different than above) STREET & NUMBER CITY STATE ZIP (AREA CODE) - NUMBER

Work Phone _____ Cell Phone _____ Alternate Phone _____
(AREA CODE) - NUMBER (AREA CODE) - NUMBER (AREA CODE) - NUMBER

HEALTH HISTORY

(check and give approximate dates.)

- _____ Frequent Ear Infections
- _____ Hear Defect/Disease
- _____ Convulsions/Seizures
- _____ Diabetes
- _____ Bleeding/Clotting Disorders
- _____ Frequent Bedwetting
- _____ High Blood Pressure
- _____ Mononucleosis
- _____ Psychiatric Treatment
- _____ Strep Throat
- _____ Lead Poisoning
- _____ Sickle Cell
- _____ Chicken Pox
- _____ Measles
- _____ German Measles
- _____ Mumps

Allergies/Allergic Conditions
(check & list those that apply)

- _____ Hay Fever
- _____ Ivy Poisoning, etc.
- _____ Insect Stings (reaction?)

- _____ Penicillin
- _____ Other Drugs Allergies (list)

Asthma (reaction?) _____
Food Allergies (list)

Any other Allergies (list)

Has camper ever required hospitalization, medical, or other treatment? Yes _____ No _____

Explain: _____

Operations or serious injuries (dates) _____

Disability or chronic recurring illness _____

Other diseases/conditions _____

Dietary Restrictions _____

Special Restrictions or considerations regarding health related information while at camp: _____

Name of dentist/orthodontist _____ Phone _____

Name of family physician/clinic _____

Phone _____ Fax _____

Do you carry family medical/hospital insurance? Yes _____ No _____

If so, indicate: Carrier _____

Policy or Group # _____

Medical Assistance # _____

For Females (under age 18)

Has this person menstruated? _____ If not has she been told about it? _____

If so, is her menstrual history normal? _____ Special considerations? _____

This box must be signed & dated prior to camp attendance

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Authorization for treatment: I hereby give permission for the camp medical personnel to give myself/my child First Aid and medication as described in the camp standing orders, to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for myself/my child. In the event that I (parent or guardian) or my emergency contacts cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for myself/my child (camper under age 18) named above. The completed forms may be photocopied for transport out of camp.

X _____ X _____
SIGNATURE OF PARENT/LEGAL GUARDIAN/ADULT CAMPER OVER AGE 18 DATE

I also understand and agree that the person documented above will abide with the restrictions placed on his/her camp activities.

Health History

Information for: _____

CAMPER NAME

DATE

IMMUNIZATION HISTORY

Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent booster doses.

VACCINES	YEAR OF BASIC IMMUNIZATION			YEAR OF LAST BOOSTER	
DPT (Diphtheria, Pertussis, Tetanus)	1	2	3	1	2
Or					
TD (Tetanus, Diphtheria)	1	2	3	1	2
Polio					
MMR (measles, mumps, rubella)					
Tuberculin test given / / (most recent)					
Hepatitis B	1	2	3		

MEDICATION POLICY

If your child is bringing medication to camp, please read the following policy carefully:

1. Your child must continue all medications (i.e. prescription or over the counter), as ordered by the licensed prescribing physician, while at camp.
2. Each medication sent with the camper must be accompanied by a separate Medication Administration Form completed by the prescribing physician. The form is located below and may be photocopied if needed for more than one prescription.
3. In order for your child to attend camp, the medication must be present and a completed Medication Administration Form must be on file at camp.
4. Each medication must be in its original container; having the name of the person to whom it was prescribed clearly marked on the label.
5. The medication label must also contain the prescribing physician's name, prescription date, expiration date and name of the prescription clearly marked on it.
6. All medication will be given according to the label, directions unless otherwise specified in writing by the prescribing physician.
7. All medication will be kept in the Health Center and be administered by the camp nurse – except inhalers, which may be kept with the camper or counselor at the nurse's discretion.
8. DO NOT send non-prescription, over-the-counter drugs, creams, lotions, or other treatments with your child – unless prescribed by the licensed physician. We supply these items based on the Camp's standing orders.

MEDICATION ADMINISTRATION FORM (Camper Name): _____

Any camper (under 18 years of age) who needs medication dispensed at camp MUST have this form filled out and signed by the prescribing physician before any medication can be administered. Use only one form for each prescription and have it completed by each prescribing physician.

Name of medication _____ **Dosage** _____ **Frequency** _____

Duration _____ **Route** _____ **Adverse Reactions** _____

Specific conditions when a physician should be contacted/other instructions _____

Prescribing Physician's Name _____ **Phone (_____)** _____

Signed and Stamped by Physician _____ **Date** _____

Fax (_____) _____

If additional Medication Administration Forms are needed please visit our website at www.geneeppleycamp.org

MEDICATION ADMINISTRATION FORM (Camper Name): _____

Any camper (under 18 years of age) who needs medication dispensed at camp **MUST** have this form filled out and **signed by the prescribing physician** before any medication can be administered. Use only one form for **each prescription** and have it **completed by each prescribing physician**.

Name of medication _____ Dosage _____ Frequency _____

Duration _____ Route _____ Adverse Reactions _____

Specific conditions when a physician should be contacted/other instructions _____

Prescribing Physician's Name _____ Phone (____) _____

Signed and Stamped by Physician _____ Date _____

Fax (____) _____

MEDICATION ADMINISTRATION FORM (Camper Name): _____

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Prescribing Physician's Name _____ Phone (____) _____

Signed and Stamped by Physician _____ Date _____

Fax (____) _____

DIRECTIONS TO GENE EPPLEY CAMP

From the North, East or West

Take I-80 East or West into Omaha to Highway 75, also called the Kennedy Expressway at the I-80, I-480, Hwy 75 interchange.

Take Hwy 75 south for about ten (10) or eleven (11) miles.

After about six (6) miles you will see Offutt Air Force Base on your left. Allied road is about four (4) miles past the base.

The freeway will turn into a divided highway and go up a hill. You will come down the hill and see a traffic signal (La Platte Road), as well as a Shell gas station on your right.

The camp is the next left turn past the Shell station and the traffic signal.

At that corner you will see large signs for:

- Platte Valley Storage
- The Station House at Sokol Park
- Allied Road T-sign (yellow)

Salvation Army Gene Eppley Camp sign on the right (west) side of 75 and pointing across the street

The Camp is the first main driveway on the right side of Allied Road, approximately 200 yards from the Highway.

From the South

Make your way to Highway 75 in Nebraska. You may need to come across from I-29 in Iowa. I would suggest coming across the river at Nebraska City and getting to Highway 75 north or in Plattsmouth and follow the signs to Highway 75.

Take Highway 75 north until you come to the Platte River and go over it. Allied Road is the right turn immediately after the Platte River Bridge. As you look to the right, most of the shore line that you can see across the river is owned by the Gene Eppley Camp.

The Camp is the next right turn past the river.

At that corner you will see four signs:

- Platte Valley Storage
- The Station House at Sokol Park
- Allied Road T-sign (yellow)

Salvation Army Gene Eppley Camp sign on the right (west) side of 75 and pointing across the street

The Camp is the first main driveway on the right side of Allied Road, approximately 200 yards from the Highway.

CHECK IN AND CHECK OUT PROCEDURES

Registration will begin promptly at 2:00 PM in the Chapel area.

Check In Procedure (follow these steps in this order):

Parent drop off campers and luggage outside Chapel.

Parent will check in with the Head Check Leader (HCL). HCL will mark their arrival time and call the child as quickly as possible.

Head Checks: Campers wait in Chapel until they are called for head checks. When they are cleared, the HCL will mark their name. Once you have successfully completed head checks, the HCL will sign the camper list and give it to the parent.

Parent may then proceed to registration line with paperwork to register their campers.

Camp Application Forms: Present all application forms to the first person at the table. Note any changes. Cabin assignments will be given at this time.

Food Forms: Present all food forms to the second person at the table.

Camper's Money: Snac Shac forms will be collected along with camper's cash and wristbands issued.

Health and Medical History Forms: All medical forms will be presented to the health officer, including any medications. Medications including non-prescription meds, must be submitted in original containers and then placed in marked zip-locked plastic bags.

Swim Test: Will determine what wristband campers will wear for swimming. At completion of registration process, campers will take luggage and go to assigned cabins, change into swim suits and take swim tests. *(There will be staff available to assist with moving luggage down to the cabins).*

CHECK OUT TIME IS BASED UPON WHEN YOUR CHILDS CABIN PASSES INSPECTION — Anytime between 9:30 & 10:00 am

Check Out Procedure (follow these steps in this order):

Remember, no vehicles beyond Chapel.

*If you (parent) have someone else picking up your child from camp we need **written permission** (from you) for your child(ren) to leave with the assigned person.*

Campers bring luggage to Chapel pavilion.

Parents receive any remaining medications from health officer.

Load campers and luggage into vehicle and sign off on passenger list at gate.

Depart in peace. Hope to see you back next year!



**The Salvation Army
Gene Eppley Camp
915 Allied Rd
Bellevue, NE 68123**

**We look forward to seeing you at
camp this Summer!**

