



# Camp Lakeview

## Classic Camp

# Information Packet

Welcome to Camp Lakeview! We are so excited your child will be joining us this summer and want to do everything possible to make their camp experience a great one. **Please take the time to carefully read through all the information contained here.** This information will allow your camper to be fully prepared for a great camp experience!

If you have been to camp before, here's a quick overview of some important changes/updates to be aware of for this summer:

- Unlike in previous years, we will not be starting the check-in process early. Check-in will start at exactly **2:00 pm**.
- Instead of a Photo DVD provided at the end of the week, we will have an online Photo Portal where parents will be able to view ALL the pictures taken during the week.

Have other questions? Check out our website at [lakeviewministries.camp](http://lakeviewministries.camp) for helpful sections like a Parent FAQ and a sample daily schedule or contact me using the information below.

See you this summer!

In Christ,

Ellie "Frisbee" Lutz  
Program Director, Camp Lakeview  
[frisbee@lakeviewministries.camp](mailto:frisbee@lakeviewministries.camp)  
812-342-4815 ext 17

## **CHECK-IN PROCESS (ARRIVING AT CAMP):**

When you arrive at camp you will be greeted by our friendly and enthusiastic staff who will direct you to the check-in area. Check-in takes place from **2:00-4:00 pm** EST in the dining hall at Camp Lakeview. Please note that we will NOT be starting check-in early this year, so plan accordingly. You and your camper should both go through the check-in line. During check-in you will:

**PAY:** You will pay the remaining balance of your registration and add money to your camper's canteen account. We accept cash, check, or credit card.

**TURN IN MEDICAL FORM:** You will turn in your camper's **MEDICAL FORM**. **This form can NOT be filled out online.** You must download and print it from your online account.

**TURN IN MEDICATIONS:** You will turn in **ALL MEDICATIONS** to the First Aid Coordinator and discuss any concerns with them. **All prescription medication must be in its original container with the prescription label and dosage instructions.** Common non-prescription medication such as Tylenol is available to campers. Parents authorize the use of such medication by completing and signing the appropriate section on the medical form.

**FIND OUT CABIN ASSIGNMENT:** You will find out your camper's counselor and cabin for the week.

## **MEETING THE COUNSELOR:**

After the check-in line, you will go to your camper's cabin. There you will have a chance to meet your camper's counselor, choose a bunk, and unpack. You will be able to let the counselor know about any special requirements your camper has. You will also tell the counselor who is allowed to pick up your camper at the end of camp. **If someone other than a parent or guardian is dropping your child off, please provide a signed note indicating who may pick your child up at the end of camp.**

Once you meet the counselor and designate a pick-up person you are free to leave. Your camper will be able to stay at their cabin or go to one of our staff-supervised areas until the end of check-in time. At 4:00 pm our staff will direct them back to their cabin for the start of the camp week. You and your family are also more than welcome to stay and enjoy camp until the end of check-in time. Go swimming, horseback riding, hiking, and more, or sit in the shade and enjoy some sweet treats from our canteen!

## **OUR CANTEEN AND SHIRT SHACK:**

Every day, campers have the opportunity to purchase an assortment of snack and drink items at the canteen. Campers visit the canteen twice a day. They may purchase three items per visit. Items range in price from \$.50-\$1.50. A canteen account is set up for each camper and purchases are deducted from the account. You are able to put money into your camper's account during check-in. We recommend depositing \$15-20. At their final canteen time,

campers with remaining money are given the option to donate to our summer mission project or receive the money back. **It can be helpful to indicate to your camper ahead of time which you would prefer them to do.**

The Shirt Shack (camp store) is ONLY open during check-in on Sunday and pick-up on Friday. Campers (and parents) can purchase a shirt, sweatshirt, or souvenir during these times. Please be aware that money deposited into your camper's canteen account can NOT be transferred to pay for items in the Shirt Shack.

### **CONTACTING YOUR CAMPER:**

You may contact your child during their time at camp through the use of our camper email system. Go to [LAKEVIEWMINISTRIES.CAMP/EMAIL](mailto:LAKEVIEWMINISTRIES.CAMP/EMAIL) to send a message. **Emails will be printed off and delivered to campers once a day at lunch time.** Any emails sent after 11:00 am on Friday will NOT be delivered due to their close proximity to the end of camp.

During check-in time you can also drop off letters and packages to be delivered during the week. Regular mail can be sent to the following address:

(Your child's name); c/o Camp Lakeview; 13500 W. Lake Road; Seymour, IN 47274

Every camper is allowed to e-mail messages out during afternoon free time using the camp's email system. **Campers wishing to do so should bring e-mail addresses with them.** We often receive messages from parents concerned because they have not heard from their camper during the week. Please know that if you don't hear from your camper, it's because they're too busy having fun at camp!

### **PICK-UP PROCESS (LEAVING CAMP):**

Camp ends with a short closing program on **Friday evening at 6:15 pm EST.** This program takes place at our **Amphitheater** and is a time for parents, family, and friends of campers to come and experience a taste of camp. You will get to hear everything that happened during the camp session, watch the campers perform a camp song, and learn how to help your camper process their time at camp. **We highly encourage parents to attend Closing Program.**

After Closing Program, you must check-out your camper. To do so you will sign the check-out sheet held by their counselor. Your name must match one of the names given during check-in time as being allowed to pick up your camper. Once you have checked out your camper you are free to go their cabin/village to pack up their things and head home.

### **LATE DROP-OFF AND EARLY PICK-UP:**

While we firmly believe that your camper will get the most out of their camp experience by being there for the whole time, we also recognize that sometimes life gets in the way. If you need to drop off your camper or pick them up outside of our usual times, please call our office

ahead of time to let us know. We will make sure that someone is waiting to greet you and your camper when you arrive or that your camper is ready to go when you come to pick them up.

### **CAMP PICTURES:**

This year, instead of giving each camper a Photo DVD at the end of their week at camp, we are putting all the pictures online! Each family will be given access to an online photo portal where we will be uploading camp pictures each day for you to view, download, and share. You will receive an email at the beginning of the camp week with instructions for accessing this photo portal. This service is provided through a company called "Waldo". It is completely free, although for an additional fee you are able to use photo recognition to have Waldo find pictures of your camper automatically and send alerts when new pictures of your camper are added.

### **PACKING LIST:**

- |   |                                       |  |  |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Shorts         | <input type="checkbox"/> Sandals      | <input type="checkbox"/> Sleeping Bag or | <input type="checkbox"/> Sunscreen       |
| <input type="checkbox"/> Pants or       | <input type="checkbox"/> Rain Coat    | Sheets/Blanket                           | <input type="checkbox"/> Bug Spray       |
| <input type="checkbox"/> Sweatpants     | <input type="checkbox"/> Light jacket | (twin size)                              | <input type="checkbox"/> Medication      |
| <input type="checkbox"/> T-shirts       | <input type="checkbox"/> Hat          | <input type="checkbox"/> Bath towel      | <input type="checkbox"/> Flashlight      |
| <input type="checkbox"/> Sweatshirt     | <input type="checkbox"/> Sunglasses   | <input type="checkbox"/> Washcloth       | <input type="checkbox"/> Camera          |
| <input type="checkbox"/> Socks          | <input type="checkbox"/> Swimsuit (no | <input type="checkbox"/> Soap            | <input type="checkbox"/> Extra batteries |
| <input type="checkbox"/> Underwear      | bikinis or                            | <input type="checkbox"/> Shampoo         | <input type="checkbox"/> Bible           |
| <input type="checkbox"/> Pajamas        | speedos)                              | <input type="checkbox"/> Toothpaste      | <input type="checkbox"/> Notebook        |
| <input type="checkbox"/> Laundry bag    | <input type="checkbox"/> Beach Towel  | <input type="checkbox"/> Toothbrush      | <input type="checkbox"/> Pen             |
| <input type="checkbox"/> Toiletry bag   | <input type="checkbox"/> Pillow       | <input type="checkbox"/> Deodorant       | <input type="checkbox"/> Water bottle    |
| <input type="checkbox"/> Athletic Shoes |                                       | <input type="checkbox"/> Comb or Brush   | <input type="checkbox"/> Bag/Backpack    |

Other optional items that your camper might want to bring along include extra **snacks** for the week, a **camera** to take pictures, a **fan** for sleeping (although our cabins are air-conditioned), and a **book** to read.

Campers should avoid clothing that is immodest or revealing as well as clothing that could be offensive in language or graphics. Expect clothes to get dirty at camp, so don't bring anything too nice! Avoid mix-ups by labeling all items with your camper's name.

### **THINGS TO AVOID:**

- Cell phones

**At camp we believe strongly in the value of showing campers how to build close relationships and live in community. We also believe that providing an atmosphere free from cell phones greatly enhances our intentionality in this area. Please do NOT pack a cell phone for your camper. If you are concerned about needing to get in touch with your camper during the week, please call our office so that we can make a plan together.**

- Other electronics (gaming devices, e-readers, mp3 players, etc.)
- Knives or weapons

- Fire starters (fireworks, matches, etc.)
- Drugs or alcohol (medications can be turned in to the First Aid Coordinator during check-in)
- Any valuables (including cash or jewelry-such things tend to get lost)

### **LOST AND FOUND ITEMS:**

All lost items from the summer will be stored at camp until January 1. We will make every effort to help the owners retrieve all lost items. You can [help us](#) in our efforts by labeling all items brought to camp, checking you have all your items before leaving camp, and notifying us as soon as possible once you realize an item is missing.

### **CANCELLATION POLICY:**

Refunds will be granted 14 days prior to your scheduled arrival for all but \$25 of your deposit. No refunds will be granted within 14 days of your scheduled arrival except in cases of illness or injury and family emergencies.

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You made it! Way to go! Get excited for your camper's time at camp-it's going to be a tremendous experience of making new friends, growing in faith, and having a ridiculous amount of fun. See you soon!



**Emergency Medical Information Form**

*This form must be completed and submitted to the Lakeview Ministries office prior to final admission of the camper into the camp program. Failure to properly complete and submit this form will result in the non-acceptance of the child/youth into the camp program. This form may be mailed or given to the office personnel at the time of check-in on the first day of the camp session. If the form is mailed, make certain that enough time is allowed for postal service to deliver the form prior to the day of registration. Lakeview Ministries shall not be held primarily responsible for medical expenses incurred by the camper through accident or illness before, during, or after enrollment in the camp program. Therefore, it is extremely important that complete insurance information be provided.*

**Camper Information:**  
 Camper Name: FIRST MIDDLE LAST  
 Camper Home Address: STREET ADDRESS  
CITY STATE ZIP  
 Camper County of Residence: \_\_\_\_\_ Home Phone:( \_\_\_\_\_ )  
 Camper Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

**Emergency Contact Information:**  
*Parent/Guardian with legal custody to be contacted in case of illness or injury:*  
 Parent/Guardian Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
 Home Address: STREET ADDRESS  
CITY STATE ZIP  
 Home Phone:( \_\_\_\_\_ ) Cell Phone:( \_\_\_\_\_ ) Work Phone:( \_\_\_\_\_ )  
*Second Parent/Guardian or other Emergency Contact:*  
 Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
 Home Address: STREET ADDRESS  
CITY STATE ZIP  
 Home Phone:( \_\_\_\_\_ ) Cell Phone:( \_\_\_\_\_ ) Work Phone:( \_\_\_\_\_ )

**Medical Insurance Information:**

*Attach a copy of medical insurance card to this form.*

Insurance Company: \_\_\_\_\_ Insurance Company Phone:( \_\_\_\_\_ )  
 Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
 Subscriber Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Immunization Record:**

Has your child received vaccinations required by the state of Indiana for school including: diphtheria, pertussis, tetanus, measles, rubella, polio-myelitis, mumps, hepatitis B, chicken pox, varicella, and meningitis (grades 6-12)?  Yes  No

Date of last tetanus booster: \_\_\_\_\_

**Prescribed Medications:**

Please bring medications taken routinely with current instructions. You will give these medications to the first aid coordinator during check-in on the first day of your camp. Bring enough to last the entire time at camp. You **MUST** keep medication in the original packaging/bottle that identifies the prescribing physician (if prescription), name of medicine, dosage, & frequency (state law!) or it will not be accepted. All medications must be given to the first aid coordinator.

**Over-the-Counter Medications:**

Lakeview Ministries stocks the following over-the-counter medication for use. **Cross out those medications which the camper should not be given.**

- |                         |                           |   |
|-------------------------|---------------------------|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) | Phenylephrine decongestant (Sudafed PE) |
| Generic Cough Drops     | Sore Throat Spray         | Benadryl (for allergies)                |
| Calamine Lotion / Aloe  | Pepto-Bismol / Tums       | Antibiotic Cream                        |

PLEASE STAPLE A COPY OF YOUR MEDICAL INSURANCE CARD HERE!

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

Date of Program: \_\_\_\_\_

Lakeview Cabin Name: \_\_\_\_\_

**Health History:**

Primary Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is the camper allergic to:

- Bee Stings..... Yes  No    Food (gluten, nuts, etc.).....  Yes  No    Dairy.....  Yes  No
- Poison Ivy / Oak ..... Yes  No    Penicillin.....  Yes  No    Other.....  Yes  No

Is the camper subject to:

- Frequent colds ..... Yes  No    Frequent sore throats .....  Yes  No    Sinus Trouble .....  Yes  No
- Constipation..... Yes  No    Kidney Trouble.....  Yes  No    Bed Wetting .....  Yes  No
- Convulsions..... Yes  No    Ear Trouble .....  Yes  No    Sleep Walking .....  Yes  No
- Fainting ..... Yes  No    Upset Stomach.....  Yes  No    Other.....  Yes  No

Has the camper had:

- Abscessed Ears..... Yes  No    Chicken Pox.....  Yes  No    Tuberculosis.....  Yes  No
- Bronchitis ..... Yes  No    Athletes Foot .....  Yes  No    Rheumatic Fever .....  Yes  No
- Hernia (Rupture) ..... Yes  No    Diabetes.....  Yes  No    Heart Trouble.....  Yes  No
- Asthma or Hay Fever..... Yes  No    ADD/ADHD.....  Yes  No    Eating Disorder .....  Yes  No
- Anxiety ..... Yes  No    Depression .....  Yes  No    Other.....  Yes  No

If you answered yes to any of the above questions, please explain in the space below (an additional sheet may be attached for more room):

Has the camper had any operations or serious injuries?  Yes  No

If yes, please comment:

Are there any restrictions of activity for medical reasons?  Yes  No

If yes, please comment:

Are there any additional details or information on the camper’s health that either the camp staff or an attending doctor should know?

**Authorization for Medical/Dental Care (for campers under 18 years of age):**

I, the undersigned parent and/or natural guardian of \_\_\_\_\_, a minor, do hereby authorize the Camp Lakeview Health Services Staff (and/or any other qualified adult appointed or designated by them) (1) to provide routine health care and administer prescription medications, (2) to consent to medical, surgical and dental care for such minor child; (3) to consent to any diagnostic test, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child; (4) to employ physicians, surgeons, dentists, nurses and other health care personnel as may be deemed necessary for such minor child; (5) to admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care; and (6) to sign all necessary consents and authorizations.

It is understood that this authorization is given in advance occurrence of any condition or situation which would necessitate any such medical, surgical or dental care being required; but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

This health history is correct and accurately reflects the health status of the camper to which it pertains. The camper described has permission to participate in all camp activities except as noted by me on this form. I understand that the information on this form will be shared on a “need-to-know” basis with camp staff. I give permission to photocopy this form. When necessary or beneficial, the camp staff has permission to give the over-the-counter medications listed on this form (or their equivalent) to the camper.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

<b>STAFF USE ONLY</b>		
Screen OK: YES or NO	Date: _____	Staff: _____

# Directions to Camp Lakeview:

From I-65, take the Ogilville exit (#64). Go WEST on Highway 58 for 8 miles. At Waymansville, turn sharp right at the general store onto 930 S. (also called "Lake Rd.") Go 1½ miles on Lake Rd. The camp entrance will be on the right.

