

Parent/Child Weekends

What time do I arrive at camp?

Camper check-in will occur at the Dining Hall from 9:00 - 10:00 a.m. EST on Saturday. The program ends at noon on Sunday, and will include Sunday worship (10:45a) followed by lunch (11:45a). You are welcome to remain at camp Sunday afternoon until the next week of camp begins. The beach, stables, and camp store will be open from 2:00-3:45 p.m. on Sunday so the entire family may enjoy their visit.

What do I need for camper check-in?

- MEDICAL FORM: In your online account, you can download and print the camper medical form. THIS FORM CAN NOT BE FILLED OUT ONLINE. Please fill out the form completely and bring it with you to check -in. It contains health history information and an authorization for medical care both of which are critical in the event of an emergency.
- DISCLAIMER FORM: In your online account, you can download and print the disclaimer form. THIS FORM CAN NOT BE FILLED OUT ONLINE. Please fill out the form completely and bring it with you to check-in. This form is REQUIRED to be able to participate in camp activities.
- MEDICATION: Prescription medication brought to camp can remain in the possession of the adult but must be in a secured location to prevent unwanted access. The camp stocks some common nonprescription medication. The parent or guardian at camp with the child may authorize its use for the child or for themselves if and when it is needed.
- HORSES: Horseback riding will be available on an optional basis during free time on Saturday. All rides will be geared towards the young child and will be complimentary (FREE!).
- CANTEEN: Unlike our normal camp programs, campers during the weekend programs will not need to turn spending money over to the camp. During this weekend, the canteen will accept cash. It is highly suggested that the adult be the keeper of the spending money.
- T-SHIRTS: Campers wishing to purchase a camp shirt may do so at check-in. Most shirts cost \$13-\$15.

What should I bring to camp?

Jeans, sweatpants, shorts T-shirts, sweatshirt Socks, underwear, pajamas Shoes (two pairs), laundry bag Rain coat, hat, light jacket Swimsuit, sandals, beach towel Pillow Sleeping bag or sheets and blankets

Bath towel, washcloth Soap, shampoo Toothpaste, toothbrush Deodorant, comb or brush Suntan lotion, insect repellent Flashlight, sunglasses, camera Bible, notebook, pen Water Bottle

What should I NOT bring to Camp?

Gaming devices, iPods, MP3 players, cell phones or e-readers (e.g. Kindle)

Firearms, knives, matches, or fireworks

Illegal drugs, tobacco, alcohol

What are the Parent/Child programs?

The Parent/Child Weekends (Tiny Tykes, Mother/Daughter, and Father/Son) are designed for a younger camper (Grades K-2) to experience the wonders of camp accompanied by an adult (over 18). All activities are designed with the child in mind. Although activities will not be designed for the adult half of the pair, the adult will need to share the activities with their child, to see and experience through the eyes of their child, and to spend time and have fun together. Therefore, even though Camp Lakeview staff will be leading the activities, we will not assume the responsibility for supervising your own child because that would defeat the purpose of the program. Adults, here's your chance to be a kid again.

What is the dress code?

Camper attire should be modest and in keeping with the character and attitude of Christ.. Campers will be asked to change if wearing shirts that contain sexual innuendoes, that promote the use of cigarettes, drugs, or alcohol, that are anti-Christian, or that would be offensive to the general public. Swimsuits should be one-piece or tankinis (no bikinis). Expect clothes to get dirty at camp, so don't bring anything too nice!

What if my camper gets sick or injured?

In the event that you or your child needs professional medical treatment, the parent/guardian's insurance will be considered the primary carrier. The camp carries medical and dental insurance on all campers which can be used in a secondary role, helping with deductibles and filling the gaps left unpaid by the parents' primary coverage.

How can I contact my camper at camp?

To send a message for your child, visit the camp's website at <u>www.lakeviewministries.camp</u>. On the home page, click the "Camper Mail" button and follow the instructions. Your message will be limited to about 500 characters. These messages will be printed and delivered to your camper at supper on Saturday. Regular mail can be sent to your camper at the following address (please make sure that you allow enough time for the postal service to deliver while your child is at camp):

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

What if we forget something at camp?

All lost and found items from the summer will be stored at camp until September 1. We will make every effort to help the owners retrieve all lost and found items. Please <u>help us help you</u> by marking all items brought to camp, checking your items before leaving camp, and notifying us as soon as possible once you realize an item is missing. Camp Lakeview is not responsible for lost items that cannot be located.

What if we have to cancel our session?

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, injury, or family emergencies.

Lakeview Ministries ♦ 13500 West Lake Road ♦ Seymour, IN 47274 (812) 342-4815 ♦ office@lakeviewministries.camp ♦ www.lakeviewministries.camp

Lakeview Ministries & 13500 W. Lake Rd. & Seymour, IN 47274 & (812) 342-4815 Emergency Medical Information Form for Family Programs

This form must be completed and submitted to the Camp Lakeview 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 family into the camp program. This form may be mailed or given to the office personnel at the time of registration. 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. Camp Lakeview 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 by the guardian.

Family Information:				
Camper Name: FIRST	MIDDLE	LAST		
Birthdate: / / Sex:	Age:			
Camper Name: <u>FIRST</u>	MIDDLE	LAST		
Birthdate: / / Sex:	_Age:			
Camper Name: <u>FIRST</u>	MIDDLE	LAST		
Birthdate: / / Sex:	_Age:			
Camper Name: <u>FIRST</u>	MIDDLE	LAST		
Birthdate: / / Sex:	_Age:			
Camper Name: <u>FIRST</u>	MIDDLE	LAST		
Birthdate: / / Sex:	_Age:			
Camper Name: <u>FIRST</u>	MIDDLE	LAST		
Birthdate: / / Sex:	Age:			
Family Address:				
Family Home Address: <u>STREET ADDRESS</u>		CITY	STATE	ZIP
Family County of Residence:		Home Phone:()		

Authorization for Emergency Medical/Dental Care

C:----

Subscriber Name:

I, the undersigned parent, spouse, and/or natural guardian of all individuals listed above 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 individual(s); (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 individual(s); (4) to employ physicians, surgeons, dentists, nurses and other health care personnel as may be deemed necessary for such individual(s); (5) to admit such individual(s) 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.

Signature.		Date		
Printed Name:				
Emergency Contact Infor	mation:			
Not someone who will be at ca	mp:			
Name:		Relationship to Family:		
Home Address: <u>STREET ADDRESS</u>		CITY	STATE ZIP	
Home Phone:()	Cell Phone:()	Work Phone:()		
Medical Insurance Inform	nation:			
Attach a copy of medical insure	nce card to this form.			
Insurance Company:		Insurance Company I	Phone:()	
Policy Number:		Group Number:		

_____Social Security Number:____

Data

Birthdate:

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Camp Lakeview Program Name:

Health History:

Primary Physician Name:		Phone N	Number:		
Is any family member allergic to:					
Bee Stings□ Yes Poison Ivy / Oak□ Yes	□ No □ No	Food (gluten, nuts, etc.)□ Yes Penicillin□ Yes	□ No □ No	Dairy 🗆 Yes Other Ves	□ No □ No
Is any family member subject to:					
Frequent colds Yes Constipation Yes Convulsions Yes Fainting Yes	□ No □ No □ No □ No	Frequent sore throats Yes Kidney Trouble Yes Ear Trouble Yes Upset Stomach Yes	🗆 No	Sinus Trouble Yes Bed Wetting Yes Sleep Walking Yes Other Yes	□ No □ No □ No □ No
Has any family member had:					
Abscessed Ears□ Yes Bronchitis□ Yes Hernia (Rupture)□ Yes Asthma or Hay Fever□ Yes	□ No □ No □ No □ No	Chicken Pox Yes Athletes Foot Yes Diabetes Yes ADD/ADHD Yes	□ No □ No □ No □ No	Tuberculosis Yes Rheumatic Fever Yes Heart Trouble Yes Eating Disorder Yes	□ No □ No □ No □ No

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

Has any family member had any operations or serious injuries? \Box Yes \Box No If yes, please comment:

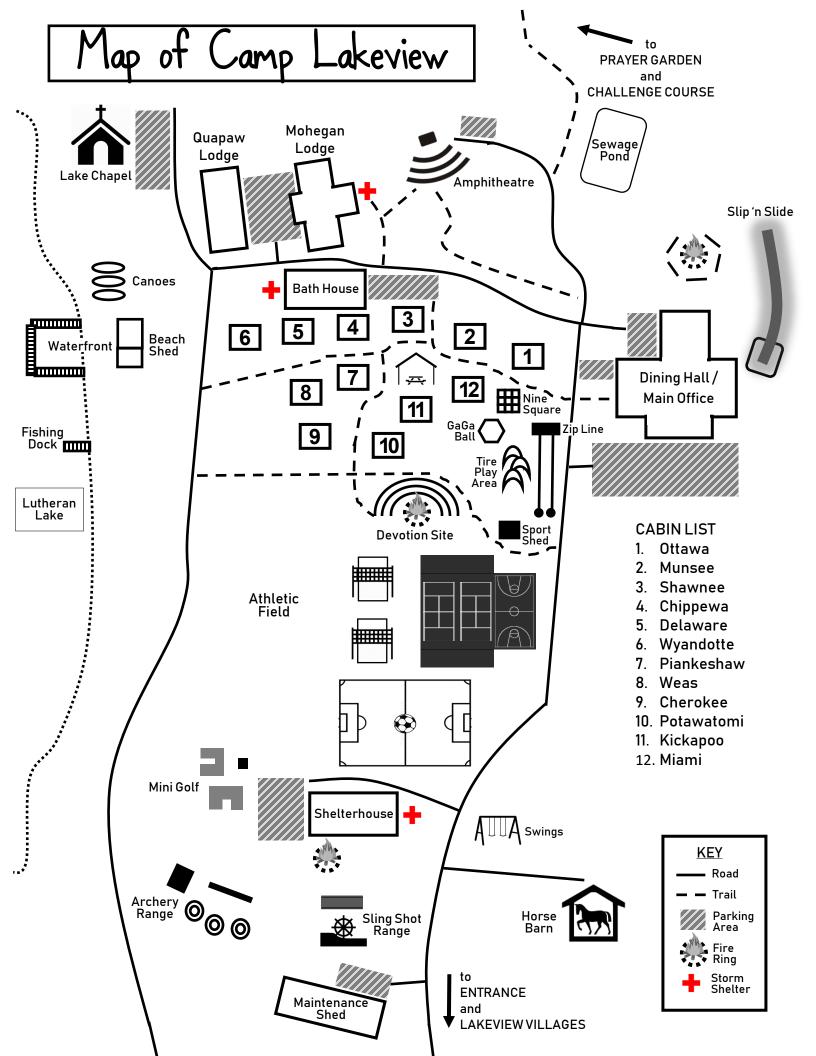
Are there any restrictions of activity for medical reasons? \Box Yes $\hfill\square$ No If yes, please comment:

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

Immunization Record:

Please list each family member's first name and the date of their last tetanus booster. In the space marked "other", please list all common immunizations which the family member has not had.

Name:	Tetanus Booster:	/	/	Other:			_
Name:	Tetanus Booster:	/	/	Other:			_
Name:	Tetanus Booster:	/	/	Other:			_
Name:	Tetanus Booster:	/	/	Other:			_
Name:	Tetanus Booster:	/	/				_
	Tetanus Booster:	/	/	Other:			_
Prescribed Medic	cations: tions brought to camp:						
Family Member	Name of Medication Dosage		Times	Given	Reason for Medication	Prescribing Physician	_
							_
							_
							_



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.

