

2020 Camp Lakeview Retreats

Family Work Weekend

What time do I arrive at camp?

The weekend program begins with check-in on Friday evening from 6:30-7:30. We will gather at 7:30 for introductions and a review of the weekend schedule and work projects.

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.
- 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, work gloves, tools

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 is the Family Work Weekend program?

The object of the weekend is to help get the camp in shape for summer camp. There will be a whole range of projects, including light construction, cleaning, painting, raking, wood-splitting, folding T-shirts, and much more! We will do our best to match your skills with a project. We will also use a few of our weekend participants to provide daycare and cooking for the group. Work will be accomplished during three periods: Saturday morning from 8:30-11:45, Saturday afternoon from 1:00-4:30, and Sunday morning from 8:30-11:45. Children (age 6-12) will not work this long. They will be assigned to a work team which will be led by one of our staff and will work for about half of each period. The other half will be spent in organized recreation. Small children (age 5 and under) will not work at all - childcare will be provided.

Where will we be housed?

Families will either be housed in cabins (one family per cabin) or in one of the lodges (one room per family). Housing requests will be considered, but preference will be given to families with small children or special needs.

What skills and tools are needed?

Although no special skills are needed to participate in the weekend, please let us know in advance if you have specialized skills (e.g. carpentry, plumbing, electrical, sewing) so that your talents can be put to best use. Camp has a wide variety of tools, but we never seem to have enough for work weekend. If you are able to bring some from home, it would be very helpful. You may want to call the camp in advance to find out what tools would be most needed. Please label all of your tools to make sure you get them back after the weekend.

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.

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?

Let's face it. This is a free weekend and you did not have to make a deposit to register. So, if you need to cancel and don't let us know, you lose nothing. But think of what the camp loses. If you cannot come and let us know ahead of time, we can open a spot for another family to enjoy the weekend and the camp will receive the gift of their labor. However, if you do not let us know, none of that will happen. Please, let us know if you need to cancel!

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

PLEASE STAPLE A COPY OF YOUR MEDICAL INSURANCE CARD HERE!

Name:

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.

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Family Info	ormatio	n:								
Camper Nam	e: <u>FIRST</u>		MIDDLE		LAST					
Birthdate:	/	/Sex:	Age:							
Camper Nam	e: FIRST		MIDDLE		LAST					
Birthdate:		/ Sex:								
Camper Nam		, -	MIDDLE		LAST			_		
Birthdate:		/Sex:	Age:							
Camper Nam	e: <u>FIRST</u>		MIDDLE		LAST					
Birthdate:	/	/Sex:	Age:							
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Camper Nam	e: <u>FIRST</u>		MIDDLE		LAST					
Birthdate:		/Sex:	Age:							
Family Add	iress:									
Family Home		STREET ADD	RESS	,	CITY	STATE	ZIP			
					Home Phone:()		_		
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:										
Emergency										
Not someone		•								
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Home Addres			C-II DI /			STATE		_		
Home Phone	:()_		Cell Phone:(work Phone:()				
Medical In:			tion: e card to this form.							

_Insurance Company Phone:(___

Birthdate:___

_Group Number:

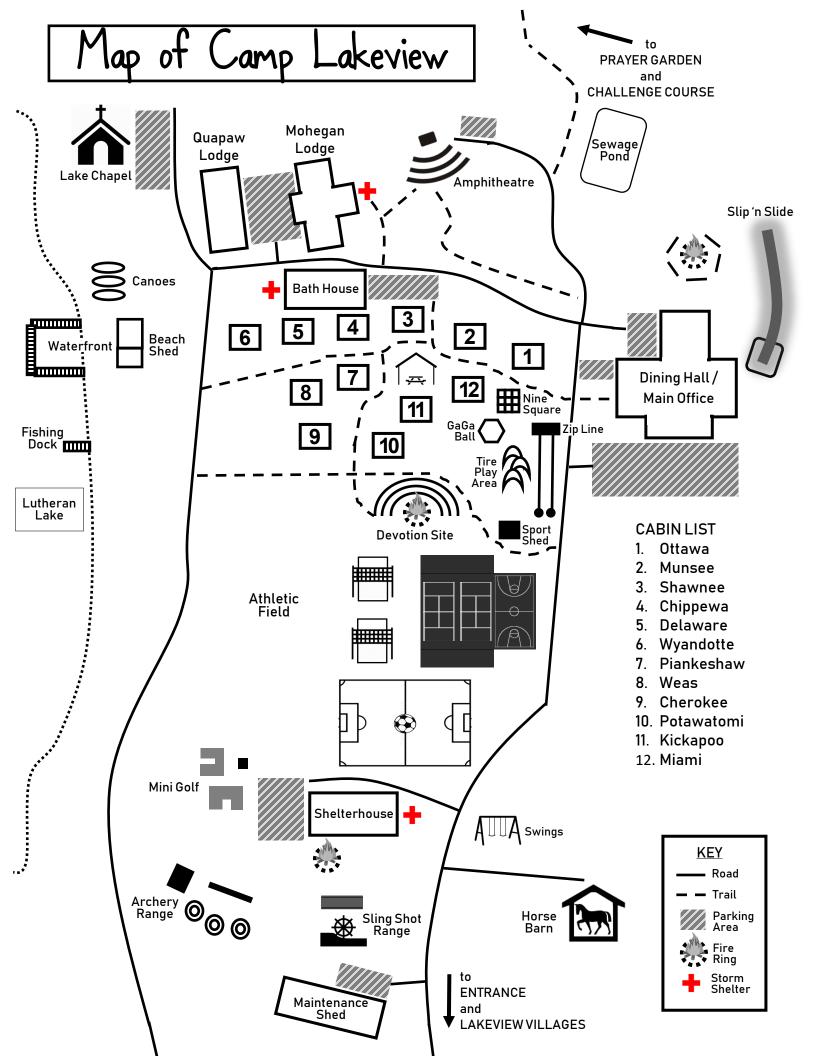
Social Security Number:

Insurance Company:__

Policy Number:

Subscriber Name:

Health History:											
Primary Physician Name:Phone Number:											
Is any family member allergic to:											
Bee Stings ☐ Yes Poison Ivy / Oak ☐ Yes	□ No □ No	Food (gluten, no Penicillin			□ No □ No	,		□ No □ No			
Is any family member subject to:											
Frequent colds Yes Constipation Yes Convulsions Yes Fainting	□ No □ No □ No □ No	Frequent sore t Kidney Trouble Ear Trouble Upset Stomach		□ Yes □ Yes	□ No □ No □ No □ No	Bed Wetting Sleep Walking	Yes Yes Yes Yes	□ No □ No □ No □ No			
Has any family member had:											
Abscessed Ears	□ No □ No □ No □ No	Chicken Pox Athletes Foot Diabetes ADD/ADHD		□ Yes □ Yes	□ No □ No □ No □ No	Rheumatic Fever. Heart Trouble		□ No □ No □ No □ No			
If you answered yes to any of the abo (an additional sheet may be attached			n in the spac	e below, i	ncluding tl	he name of the fam	ily member to which	it pertains			
Has any family member had any open	otions or so	vrious injurios?	J. Voc	Ma							
Has any family member 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 inf	ormation o	n the camper's h	nealth that ei	ither the c	camp staff	or an attending doo	ctor should know?				
Immunization Record: Please list each family member's first which the family member has not had		the date of their	last tetanus	booster.	In the spac	ce marked "other", _i	please list all commo	n immunizations			
<u> </u>) t /	,	Othern							
Name:		Booster: /									
Name:											
Name:	Tetanus E	Booster:/_	/					<u>.</u>			
Name:	Tetanus E	Booster:/_		Other:							
Name:	Tetanus E	Booster: /		Other:							
Name:	Tetanus E	Booster:/	/	_Other:_							
Prescribed Medications: Please list all medications 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.

