

Camp Monakiwa Parent Information

CLOTHING AND EQUIPMENT:

The Camp Monakiwa staff would like to emphasize the importance of bringing the proper clothing and equipment to camp. Remember that Camp Monakiwa is in the mountains, which means that we experience both warm and cool weather.

It is not necessary that clothing and equipment be new. In fact, we recommend sending OLD clothing. We spend the majority of our time outdoors, so clothing will return to you VERY dirty.

It is very important to send your camper with a laundry bag with his/her name written on it. All clothing should be labeled with your camper's name. Campers are responsible for their own belongings while at camp. A lost and found area is at camp and each camper is reminded to check for personal items before leaving camp. Clothing and articles left at camp will be returned to the Camp Fire Office in Amarillo.

MAIL:

Letters are important to campers! The postal service to our area of New Mexico is slow because of our location. Please send mail to your camper before they leave for camp. This will ensure that your camper will receive mail while they are at camp. Please send cards or letters to:

**Camper's Name
Camp Monakiwa
Box 303 HC81 Unit 1
Las Vegas, NM 87701**

WHAT NOT TO BRING:

Food, gum, or candy will not be allowed in cabins. These items attract animals.

Electrical items- Mp3 players, hand held games, cell phones, hair dryers, etc.

Knives are STRICTLY PROHIBITED! Camp Monakiwa will provide knives if necessary for campouts.

PHONE MESSAGES

Campers are not allowed to use the camp telephone. The camp director will notify parents in the event of extreme homesickness, illness, or emergency. Please make sure that your camper is aware that the phone is not for camper use except in an emergency. If you need to contact your child because of an emergency, call Camp Monakiwa at 505-425-5011.

DISMISSAL FROM CAMP

Campers are not allowed to smoke, use alcoholic beverages, or use any other form of drugs not approved by a physician. All medicines are handed in to the nurse when the camper arrives and the nurse dispenses them at the proper times. Parents are welcome to contact the camp director regarding discipline, health problems, safety, and other concerns. Please note that the director reserves the right to dismiss any camper whose influence and conduct becomes detrimental to the best interest of himself or herself or other campers.

CAMP MONAKIWA STAFF'S JOB

We would like to assure each parent that the Monakiwa staff is well trained and ready to accept the responsibility of taking care of your child's health, safety, and happiness for the time they spend with us at camp. At Camp Monakiwa, we believe that the fire you light is the fire within. We look forward to seeing your child at camp!!

Sincerely,

**Lindsey Ballard
And Tara Seymour
Camp Directors**

Registration Packet includes:

- 1) Registration Sheet and Questionnaire**
- 2) Health form**
- 3) Clothing and Equipment List**
- 4) Code of Ethics**
- 5) Fees Worksheet**

CAMP MONAKIWA CAMP FIRE, USA

Session July 10 – 16, 2011

Camper's Name _____ Age as of May '11 _____ Sex M F
Home Address _____ City _____ State _____ Zip Code _____
School _____ Grade _____ Date of Birth ____ / ____ / ____
Parent/Guardian _____
Address (if not the same from above) _____
E-mail _____
Home Phone _____ Business Phone _____
Occupation _____

Emergency Contact Information

1) Name _____ Relationship _____
Phone _____
2) Name _____ Relationship _____
Phone _____

Doctor's Name _____ Phone _____

Has this camper attended Camp Monakiwa before? YES NO
Has this camper attended other summer residential camps? YES NO

My camper has permission to participate in the following high-risk activities:

Archery	YES	NO
Riflery (completed the 3 rd grade)	YES	NO
Canoeing	YES	NO
Challenge Course	YES	NO
Zipline	YES	NO

**Note: Permission must be circled in order for Camper to participate.
PLEASE DO NOT LEAVE BLANK!**

Please note any activities to be
ENCOURAGED _____

DISCOURAGED _____

List Camper's hobbies and special interests: _____

List any other information you feel Camp Administration, Nurse, Cook, or Counselor should know:

Parent/Guardian Signature: _____ Date: _____

<OVER>

PARENT/LEGAL GUARDIAN PERMISSION:

1) MEMBER. I give my permission that my child (or ward) become a member of Camp Fire USA of Lubbock and that I will assist in observing the rules of the Council and that I will wave any claims against Camp Fire USA except for claims arising from gross negligence of willful acts of the Camp or its agents that may arise from participation in the activities of Camp Monakiwa.

Circle One: YES NO

2) EMERGENCY. I understand the reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of an emergency affecting such participant. I the event I can not be reached in an emergency, I authorize the calling of a physician at my expense to provide whatever emergency medical or surgical treatment is necessary.

Circle One: YES NO

3) TRANSPORT. I hereby give my permission for my child to attend, participate, and be transported to and from Camp Monakiwa activities and special events.

Circle One: YES NO

4) PHOTO RELEASE. I grant my permission to Camp Monakiwa to use for publicity, advertising, promotion and program purposes, any photograph, film, or videotape taken at Camp in which my child appears, and I waive all claims of compensation for such use for damages.

Circle One: YES NO

5) WEEKEND TRIP I give my permission for my child to participate in the weekend day trip to Santa Fe, I realize there will be adequate supervision of the Campers on this excursion. I also understand that Campers will be expected to exhibit their very best behavior while on the trip and defiance of proper behavior could result in dismissal from camp.

Circle One: YES NO

Participant represents that all of the information in this instrument is true and correct and that Camp Fire USA, the Lubbock Council, or Camp Monakiwa have full right and authority to rely on information contained herein. Participant further recognizes that Camp Monakiwa reserves the right to reject any participant in the event of the failure or refusal of participant and/or parent/legal guardian to sign and execute the forgoing required document.

Persons authorized to pick up my child include:

Name: _____ Relationship: _____
Name: _____ Relationship: _____

Any specific persons NOT authorized to pick up my child:

Name: _____ Relationship: _____

Parent/Legal Guardian Signature: _____ Date: _____



Camp Fire USA – Code of Ethics Form

Code of Ethics

I WILL:

- Exhibit an attitude of respect towards fellow members, staff and administration.
- Respect property of fellow members, staff and administration and only use other property with permission.
- Conduct myself in a responsible manner while participating, or traveling to or from camp programs and activities.
- Obey all rules as outlined by staff and administration of Camp Fire.
- Be cooperative at all times and follow all instructions from staff and administration.
- NOT use profanity, vulgar language or obscene gestures.
- NOT engage in verbal abuse or intimidation of members, staff or
- NOT engage in physical abuse or fighting with my fellow campers
- NOT bring knives, water guns or fireworks to camp

THE FOLLOWING WILL CAUSE DISMISSAL FROM CAMP FIRE ACTIVITIES:

- Possession or use of tobacco products, alcohol or drugs.
- Vandalism or destruction of a fellow member's property or property owned by Camp Fire USA Lubbock Council.
- Engaging in sexual misconduct, harassment or any other inappropriate behavior.

Camp Fire USA Lubbock Council has full authority to maintain adequate discipline during Camp Fire activities. If inappropriate behavior occurs, Administration will notify the parents. If asked to leave, the Member (participant) will be sent home at the parent's expense and no payments for the activity will be refunded.

Member Signature _____

Parent/Guardian Signature _____

Date _____



Camp Monakiwa

Health Form

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. This form, except for the "Health Recommendations of Licenses Medical Personnel," to be filled in by parents/guardians of minors or by adults themselves.

Name: _____ Birth Date: _____ Age at Camp: _____

Home Address: _____
Street Address City State Zip

Social Security Number of Participant: _____ - _____ - _____ Gender: ___ Male ___ Female

Custodial Parent / Guardian: _____ Phone: _____

Home Address: _____
(If different from above) Street Address City State Zip

Business Address: _____
Street Address City State Zip Phone

Second Parent/Guardian/Emergency Contact: _____

Business Address: _____
Street Address City State Zip Phone

If not available in an emergency, notify:

Name: _____

Relationship: _____

Address: _____
Street Address City State Zip Phone

Insurance Information

Is the participant covered by family medical/hospital insurance? ___ Yes ___ No

If so, indicate carrier or plan name: _____

Carrier Address: _____

Name of insured: _____ Relationship to Participant: _____

Social Security Number of policy holder or insurance ID number: _____

Important - These boxes must be complete for attendance

Permission to Provide Necessary Treatment or Emergency Care

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Witness _____ Date _____

I also understand and agree to abide by the restrictions placed on my camp activities.

Signature of parent or guardian or adult camper/staffer _____



Camp Monakiwa

Health Form

The following information must be filled in by the parent/guardian, or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

Allergies

Describe reaction and management of the reaction. **Medication, food, insect stings, hay fever, animal dander, etc.**

Restrictions

The following restrictions apply to this individual.

- | | | |
|--|---|--|
| <input type="checkbox"/> Does not eat red meat | <input type="checkbox"/> Does not eat pork | <input type="checkbox"/> Does not eat eggs |
| <input type="checkbox"/> Does not eat poultry | <input type="checkbox"/> Does not eat seafood | <input type="checkbox"/> Does not eat dairy products |
| <input type="checkbox"/> Other: (describe) | | |

Explain any restrictions to activity (i.e.: What cannot be done, what adaptations or limitations are necessary)

General Questions (Explain "yes" answers below)

- | | | | |
|--|-----------|---|-----------|
| 1. Had any recent injury, illness or infectious disease? | yes or no | 16. Ever had back problems? | yes or no |
| 2. Have a chronic or recurring illness/condition? | yes or no | 17. Ever had problems with joints? | yes or no |
| 3. Ever been hospitalized? | yes or no | 18. Orthodontic appliance being brought to camp? | yes or no |
| 4. Ever had surgery? | yes or no | 19. Have any skin problems? | yes or no |
| 5. Have frequent headaches? | yes or no | 20. Have diabetes? | yes or no |
| 6. Ever had a head injury? | yes or no | 21. Have asthma? | yes or no |
| 7. Ever been knocked unconscious? | yes or no | 22. Had mononucleosis in the past 12 months? | yes or no |
| 8. Wear glasses, contacts, or protective eyewear? | yes or no | 23. Have problems with diarrhea/constipation? | yes or no |
| 9. Ever had frequent ear infections? | yes or no | 24. Have problems with sleepwalking? | yes or no |
| 10. Ever passed out during or after exercise? | yes or no | 25. If female, have an abnormal menstrual history? | yes or no |
| 11. Ever been dizzy during or after exercise? | yes or no | 26. Have a history of bed-wetting? | yes or no |
| 12. Ever had seizures? | yes or no | 27. Ever had an eating disorder? | yes or no |
| 13. Ever had chest pain during or after exercise? | yes or no | 28. Ever had emotional difficulties for professional help was sought? | yes or no |
| 14. Ever had high blood pressure? | yes or no | | |
| 15. Ever been diagnosed with a heart murmur? | yes or no | | |

Please explain any "yes" answers, noting the number of the questions.



Camp Monakiwa

Health Form

Health Care Recommendations by Licensed Medical Personnel

Camper/Staff Member Name: _____

I have examined the above camp participant. Date of last examination: _____

BP: _____ Weight: _____ Height: _____

In my opinion, the above applicant: _____ Is _____ Is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions:

Recommendations and Restrictions at Camp
Treatment to be continued at camp:

Medications to be administered at camp:
(Found on the chart on the next page)

Any medically prescribed meal plan or dietary restrictions

Known Allergies

Description of any limitations or restriction on camp activities

Additional information for health care staff at the camp

Signature of Licensed Medical Personnel _____

Printed Name: _____

Date: _____ Phone Number: _____



Camp Monakiwa

Health Form

Vaccine	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP							
TD (Tetanus/Diphtheria)							
Tetanus							
Polio							
MMR							
or Measles							
or Mumps							
or Rubella							
Haemophilus Influenza B							
Hepatitis B							
Varicella (Chicken Pox)							
BCG							

Prescription Medications (Please complete with patient's current regiment for both scheduled and PRN medications.)

Drug	Dosage	Schedule	Comments

Standard Over the Counter/PRN Medications (meds available in the Infirmary/First Aid Kits, to be administered at the discretion of RN)

CHECK HERE TO GIVE PERMISSION FOR THE CAMP TO ADMINISTER THE FOLLOWING IF DEEMED NECESSARY. FEEL FREE TO CROSS OUT ANY PRODUCTS THAT YOU DO NOT WANT YOUR CHILD TO HAVE.

For pain, cough cold

- Tylenol or Aleve
- Ibuprofen
- Benadryl
- Chlor-Trimetron
- Robitussin
- Sudafed
- Chloraseptic spray
- Cough drops / throat lozenges
- Herbal tea

For Digestive Upsets

- Tums (or similar antacids)
- Pepto Bismol
- Altoids or peppermint
- Kaopectate
- Milk of Magnesia

Topical (skin) Products

- Insect Repellent (with DEET)
- Chigger Powder (contains sulfur)
- Sunscreen
- Aloe Vera Plant or Gel
- Calamine or Caladryl lotion
- Skin moisturizer (Avon Skin So Soft)
- 1% Hydrocortisone Cream
- Antibiotic Ointment
- 2% Lidocaine Jelly or Spray
- Hydrogen Peroxide

To help us determine medication dosages, please provide:

Child's age this summer: _____ Height: _____ Weight: _____ pounds