



# CAMP PHILLIP INC.

Wisconsin Ev. Lutheran Synod  
W9944 Buttercup Avenue  
Wautoma, WI 54982-7032  
[www.campphillip.com](http://www.campphillip.com)

Phone (920)787-3202  
Fax (920)787-0032  
[office@campphillip.com](mailto:office@campphillip.com)

We are excited to let you know we received your registration and are looking forward to having you join us this summer! In this mailing (**if you registered by paper**) or in an email (**if you registered online**) you received a receipt for your payment that listed your session number and date. Please check the receipt to make sure that the information is correct.

This mailing (or your email) gave you the forms that you are to return to Camp Phillip at least **4 weeks prior to your child's arrival at camp** (also found at "Summer camp forms" on [www.campphillip.com/downloads](http://www.campphillip.com/downloads)):

- Parent questionnaire
- Health form--completed and signed  
Email to: [office@campphillip.com](mailto:office@campphillip.com)  
or send to: Camp Phillip W9944 Buttercup Ave  
Wautoma, WI 54982-7032  
or fax to: (920) 787-0032.

## What to bring

- Sleeping bag or sheets/blankets
- Pillow and pillowcase
- Shirts
- Shorts, long pants, and underwear
- Socks and two pairs of sturdy outdoor shoes
- Pajamas
- Jacket and rain wear
- Modest swim wear
- Complete Bible (preferably NIV)
- Envelopes, stamps and pencils
- Flashlight and camera (optional)
- Soap and towels
- Toothbrush and toothpaste
- Brush or comb
- Medication (must be screened by camp medical staff at check-in)
- Insect repellent (pump preferred)
- Gift for camp \* See Wish list \*

## What not to bring

- × Clothing with inappropriate messages
- × Electronic games/devices, cellphones
- × Non-prescription drugs
- × Knives
- × Gum, candy, food
- × Money
- × Inappropriate language

Unacceptable items may be collected and returned before check-out.

## Check-in day

Registration is from 2:30-4:30. **We will not be ready for campers until then.** Follow the signs into camp to the **Dining Hall** where you'll receive cabin assignments and medication will be screened.

The first and last days are the only time to buy items from our camp store.

## Final day of camp

At 10:00 we will have a program for campers and their parents at the Dining Hall. Departure will follow (around 11:00).

## Directions

### From Wautoma

WIS 73 North to C  
Left on C - West 3.0 miles  
Left on Lake Drive - 0.4 mile  
Left on 13th Ave - 0.2 mile  
Right on Buttercup Ave - 0.7 mile  
Right at Camp Phillip sign

### From Plainfield

After leaving WIS 51 / INT 39, take  
WIS 73 South - 4.3 miles  
Right on B - 5.6 miles  
Left on C - 1.5 miles  
Right on B - 2.1 miles  
Left on Buttercup Ave - 2.0 miles  
Left at Camp Phillip sign

### From Coloma

After leaving WIS 51 / INT 39, take  
WIS 21 East - 10.0 miles  
Left on Y - 1.0 mile  
Right on 12<sup>th</sup> Ave - 1.0 mile  
Right on Buttercup Ave - 0.4 mile  
Left at Camp Phillip sign

## Parent concerns

### Cancellation

Please notify camp as soon as possible if your child cannot attend camp. It may be possible for us to fill that spot with someone on the waiting list.

If you must cancel, we will return your money minus the deposit. Refund requests must be made in writing with the reasons for cancellation.

### Homesickness

Our staff are well trained to work with homesickness and adjusting to camp life. Please don't rush to camp if the "Help! Come and get me" letter arrives. In most cases, the problem will have passed by the time you get the letter.

### Mail

Campers love mail, perhaps even some that will arrive on their first day at camp! It's very helpful for us if you include the camper's cabin number on all mail. Send mail to the address on the header of this document. Please do not send any food.

Encourage family and friends to write, but don't be too disappointed if you get nothing in return—you will hear plenty about camp when they get home.

### Ropes course

As part of our summer program we provide low and high ropes course for our campers during most camp sessions. Our staff is highly trained and follows industry safety standards.

Still, it is important to realize that there are inherent risks involved in these activities that are beyond the control of Camp Phillip and its staff. *Under the supervision of our trained staff no camper has been injured on our ropes course who has required hospitalization of any kind.*

Your signature on the **Health Form** affirms that you understand and accept any risk involved in camp activities.

### Parent questionnaire

Your honesty on this form guides us as we work to provide the camper with the best possible experience at camp.

### Telephone / fax

To contact us in case of an emergency, please call (920) 787-3202. If no one is at the office, leave your message on the answering machine and we will return your call

promptly. If you would like to send a fax, please call (920) 787-0032.

### Ticks & mosquitoes

We do have ticks and mosquitoes living around here. We talk about ticks with all campers and we have tick checks before bedtime.

### Lost and found

Put your child's name on everything that is brought to camp. Lost and found items are kept for one month after camp and then disposed of.

### Health form and physical exam

A yearly updated health form must be on file at camp. Fill out the health form completely. *Your camper cannot attend unless we have this signed form on file.*

A physical exam is no longer required by state law, but we do recommend it. If you wish you may include a physical exam (performed within the last 36 months) on the **Health Form**.

### Tetanus vaccine

Our local doctors recommend that a tetanus vaccine be given for any cut or scrape taking place in the outdoors if the last tetanus shot was given more than 5 years ago.

### Medication / current health info

Medication will be screened by our Health Care staff at check-in. Medication cannot be accepted unless it is in a container with:

- Camper's name and doctor's name
- Proper dosage
- Identification of medication
- Complete instructions for its use

Upon arrival at camp, it is up to you to inform our Health Care staff of any changes in your camper's health condition. Call the camp office prior to camp if a camper has special dietary or medical needs.

### Insurance coverage

Medical expenses for any illness or injury while at camp are the responsibility of the camper's parents and/or guardian. Be sure to fill in your insurance carrier and policy number on the **Health Form**.

Our camp insurance for any injury (not illness) begins where yours terminates. If you have no insurance, our policy will provide coverage within the limits of the policy.

## **Wish list**

*In 2013, our summer camp theme was “Christmas at Camp.” As part of the theme, campers were invited to bring a “gift” to camp. We put together a “Christmas list” and campers responded most generously! We received many comments from parents and campers alike encouraging us to do something like this each year. We couldn’t agree more! Over the years people’s generosity has saved camp thousands of dollars! Feel no obligation to bring a gift for camp, but if you are interested in helping out, you can bring a gift (no need to wrap it) to registration. Thank you for your support!*

Arrows for archery

Balloons / water balloons

Band aids

Blank cards (Birthday, Thank you, Inspirational, etc.)

Cash

Copy paper - white or colored

Dice - 6 sided - colored (not white)

Discs for disc golf (new or used)

Dry erase markers

Duct tape

Eye drops

Face paint

Finger paint

Food items

Bread / Candy bars / Cereal / Cheese / Chips (Potato chips, Tortilla chips) / Chocolate chips / Coffee (Name brand) / Cookies / Crackers / Jam / Jelly / Peanut butter / Pie irons / Plastic (Solo) cups / Pretzels / Salsa / Queso / Salsa con queso / S’mores ingredients

Frisbees (new or used)

Gas cards

Gift cards

Glow sticks / necklaces / bracelets

Glow in the dark balls

Guitar picks

Guitar strings

Hornet / wasp spray

Masks / costumes

Paintballs

Painter’s tape

Paracord

Sharpies

Toilet paper

Tye dye supplies

# Camper health form

Session # \_\_\_\_\_ Dates \_\_\_\_\_ Last name \_\_\_\_\_

Wisconsin administrative code HFS 175.14 (2) requires that each camper must provide an up-to-date health history.

**Please return this form at least 4 weeks prior to arrival at camp.**

Send to: Camp Phillip W9944 Buttercup Ave Wautoma, WI 54982 or fax to: (920) 787-0032.

## Camper's information

Camper's name \_\_\_\_\_  
Date of birth \_\_\_\_\_ Age \_\_\_\_ Sex:  Male  Female  
Home address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip+4 \_\_\_\_\_  
Home phone + area code \_\_\_\_\_

## Camper's father

Father's name \_\_\_\_\_  
 Same address and phone number as camper  
Home address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip+4 \_\_\_\_\_  
Home phone + area code \_\_\_\_\_  
Cell phone + area code \_\_\_\_\_  
Work phone + area code \_\_\_\_\_

## Camper's mother

Mother's name \_\_\_\_\_  
 Same address and phone number as camper  
Home address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip+4 \_\_\_\_\_  
Home phone + area code \_\_\_\_\_  
Cell phone + area code \_\_\_\_\_  
Work phone + area code \_\_\_\_\_

## Emergency contact (if parents can't be reached)

Name \_\_\_\_\_  
Relationship to camper \_\_\_\_\_  
Home phone + area code \_\_\_\_\_  
Cell phone + area code \_\_\_\_\_  
Work phone + area code \_\_\_\_\_

## Dentist

Name \_\_\_\_\_  
City \_\_\_\_\_  
Phone + area code \_\_\_\_\_

## Family physician

Name \_\_\_\_\_  
City \_\_\_\_\_  
Phone + area code \_\_\_\_\_

## Insurance information

Should there be any medical expenses resulting from an accident at camp, Camp Phillip's insurance policy requires us to file with the camper's individual insurance first; any part of the bill not covered by the camper's insurance can then be filed with our insurance company. Bills from an illness requiring medical attention are the responsibility of the camper.

Do you carry family medical, health or hospital insurance?  Yes  No

Carrier \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_  
Phone \_\_\_\_\_ Policy or group # \_\_\_\_\_ Camper's social security # \_\_\_\_\_

→ Please turn to the back side.

## Health history

Check all that apply and explain:

- ADD or behavioral disorders \_\_\_\_\_
- Asthma \_\_\_\_\_  
If so, does camper have an inhaler?  Yes  No
- Bed wetting \_\_\_\_\_
- Bleeding/clotting disorders \_\_\_\_\_
- Convulsions \_\_\_\_\_
- Diabetes \_\_\_\_\_  
If so, does camper monitor blood sugar?  Yes  No  
If so, what is the frequency? \_\_\_\_\_
- Epilepsy \_\_\_\_\_
- Frequent ear infections \_\_\_\_\_
- Heart defect / disease / problems \_\_\_\_\_
- Hypertension \_\_\_\_\_
- Psychiatric treatment \_\_\_\_\_
- Skin disorder \_\_\_\_\_
- Sleep walking \_\_\_\_\_
- Stomach problems \_\_\_\_\_

Check all that apply and give approximate month and year:

- Chicken pox \_\_\_\_\_
- German measles \_\_\_\_\_
- Measles \_\_\_\_\_
- Mononucleosis \_\_\_\_\_
- Mumps \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Check which of the following can be given if necessary:

- Antacid  Benadryl  Cough drops/syrup
- Decongestant  Ibuprofen  Tylenol

Please list all allergies (including food, drug & environmental)  
Is camper allergic to bee stings?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share any other health information or physical conditions that may need special consideration (attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medications

Wisconsin administrative code HFS 175.14 (6) requires that "all medications brought to camp shall be in containers that are clearly labeled to include the name of the camper, the name of the medication, the dosage, the frequency of administration and the route of administration. All medication prescribed by a physician shall, in addition, be labeled to include the name of the prescribing physician, the prescription number, date prescribed, possible adverse reactions, the specific conditions when contact should be made with the physician and other special instructions as needed."

If this information is not provided on the medication, please use the chart below (or additional paper) to supply that information.

Name of medication			
Dosage			
Frequency			
Route			
Possible adverse reactions			
Specific conditions when contact should be made with the physician			
Other special instructions			

## Consent for emergency treatment, assumption of responsibilities and risk and release of liability

- ✓ The camper listed has my permission to engage in all camp activities except those listed herein.
- ✓ I take responsibility for informing health care staff of any changes in my child's health condition upon arrival at camp and give them permission to administer routine medications.
- ✓ I hereby give permission for any medical treatment or hospitalization for my child as needed. I also agree to be liable for any and all costs involved in such treatment.
- ✓ While camp staff strive to reduce risks to participants, accidents can and do occur. I understand that there is inherent risk involved in camp activities which is beyond Camp Phillip's control. [We must inform you that potential accidents in camp programs may include, but may not be limited to: blisters, insect stings, sunburn, sprains, cuts, bruises, dislocations, fractures, concussion, spinal cord damage or even death.] I agree to personally assume such risks.
- ✓ I release Camp Phillip, and other sponsoring agencies, their employees and volunteers from all liability for any damage, injury or loss which may be sustained en route, during or returning from camp.
- ✓ My signature below affirms my understanding and agreement with the above statements.

Parent's signature \_\_\_\_\_ Date signed \_\_\_\_\_

## Physical exam (optional)

If you choose to provide us with this information, it must be completed by a qualified physician, registered nurse or other person recognized by law to undertake that responsibility. Use this form unless another recently completed form is available.

Date of exam \_\_\_\_\_ Person performing exam \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip+4 \_\_\_\_\_ Phone + area code \_\_\_\_\_

- 1) In my opinion, the applicant's condition (check one)  would  would not allow for participation in an active camp program.
- 2) The applicant is under the care of a physician for the following condition/s:
- 3) List any current treatments and medications currently being taken:
- 4) List any treatments to be continued at camp:
- 5) Explain below any recent loss of consciousness, convulsions or concussions:
- 6) Does applicant have any seizure disorders?  Yes  No      Does applicant have diabetes?  Yes  No
- 7) List any medically prescribed meal plan or dietary restrictions:
- 8) Allergies (food, drugs, environmental, insects . . .)
- 9) Additional health information:

Examiner's signature \_\_\_\_\_

## Parent questionnaire

Year of camp \_\_\_\_\_ Session # \_\_\_\_\_ Dates \_\_\_\_\_

Dear parents,

Christian camping can be one of the most memorable experiences of a young person's life. We want to become more familiar with the campers before camp so that their time here may be even more rewarding. You can help us by answering the following questions frankly and completely. ***Only staff directly responsible for the camper will have access to the following information.***

Camper's first / last name \_\_\_\_\_ Camper's preferred nickname \_\_\_\_\_

Age at camp \_\_\_\_\_ Ages of brother(s) \_\_\_\_\_ Ages of sister(s) \_\_\_\_\_

How does camper get along with siblings?

What is conduct like with others?  Excellent  Good  Fair  Poor

Is church attendance regular?  Yes  No

Is camper highly competitive?  Yes  No

Does camper sleepwalk?  Yes  No

Does camper bedwet?  Yes  No

What is camper's swimming ability?  Exc  Good  Fair  Poor

Does camper have any fears?  Yes  No If so, what?

How is camper accepted by his/her peers?

What is the most effective form of behavior management you use with camper at home?

What responsibilities does camper have at home?

What are camper's hobbies?

What are camper's strong qualities?

What are camper's weak qualities?

Does camper usually try to lead or follow?

To what extent is camper used to being away from home?

What would you like camper to receive from the camp experience?

Ask camper what he/she wants to get from the camp experience.

List below anything else that would be helpful for us to know as we work with this camper:

Your signature \_\_\_\_\_