

MEDICAL EMERGENCY CARE AUTHORIZATION
FOR ALLEN PARK PRESBYTERIAN CHURCH EVENTS / CAMP WAKANDA
Michigan Department of Human Services

Notice: By signing the reverse side of this form you are granting the staff and designated ministry leaders the authority to secure emergency medical and surgical treatment and to provide routine, non-surgical medical care, for the participant named below, while attending a church event and/or camp.

CAMP- In accordance with MCLA Act 116 of the Public Acts of 1973 and the rules for licensing children's camps, this authorization must be signed by yourself if you are an adult or a parent or guardian for a child unless there is religious objection. MCLA 722, 124a, Section 14a(2) states: "A parent or guardian of a minor child who voluntarily places the child in a child care organization shall execute a written instrument investing the organization with authority to consent to emergency medical and surgical treatment of the child. The parent or guardian shall consent to routine, non-surgical medical care.

Name of Participant (Print Last Name, First Name)

E-Mail (Please print clearly) _____

Event(s)/ Camp(s) Attending: _____ **T-Shirt Size:** _____

I hereby give permission to the staff and designated ministry leaders of Allen Park Presbyterian Church, which is licensed by the Department of Human Services,

Parent/Guardian/Self Signature

Date

Parent/Guardian/Self Signature

Date

Church Name: Allen Park Presbyterian Church and/or Camp Wakanda

The Department of Human Resources (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

BCAL-353 (Rev. 4-16) Previous edition Obsolete. MS Word

MEDICAL INSURANCE INFORMATION

Family Physician _____ **Phone** _____

Insurance Carrier _____

Policy Number _____

Name of Policy Holder _____

Verification Phone Number _____

- YES Administer medication in private.**
- NO Do not administer medication in private.**

HEALTH HISTORY RECORD

Michigan Department of Licensing and Regulatory Affairs

Dear Authorized Person or Yourself:

The following information is requested so Allen Park Presbyterian Church can better meet the physical, intellectual, and emotional needs of the participant. Please fill out the information requested. (Use back of form if additional space is required) "Authorized person" means a parent, guardian, or yourself.

Participants Name (Last)	First	Middle	Sex	Date of Birth
Address (Number and Street Name)	City & Zip Code	Telephone (Home)	Telephone (Work)	
Authorized Person's Name or Yourself (Last)	First	Middle	Telephone (Emergency)	
Address (Number and Street Name)	City & Zip Code			

Is the participant having any of the problems listed below?	Yes	No																			
Hay Fever, asthma, or wheezing			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Trouble with passing urine or bowel movements</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td>Eczema or frequent skin rashes</td> <td></td> <td></td> </tr> <tr> <td>Convulsions / seizures</td> <td></td> <td></td> </tr> <tr> <td>Heart Trouble</td> <td></td> <td></td> </tr> <tr> <td>Diabetes</td> <td></td> <td></td> </tr> <tr> <td>Frequent colds, sore throats, ear aches (4 or more per year)</td> <td></td> <td></td> </tr> </table>	Trouble with passing urine or bowel movements	Yes	No	Eczema or frequent skin rashes			Convulsions / seizures			Heart Trouble			Diabetes			Frequent colds, sore throats, ear aches (4 or more per year)		
Trouble with passing urine or bowel movements	Yes	No																			
Eczema or frequent skin rashes																					
Convulsions / seizures																					
Heart Trouble																					
Diabetes																					
Frequent colds, sore throats, ear aches (4 or more per year)																					

Please explain any problem areas identified above including any current infectious diseases:

If female has the participant been told about menstruation (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the participant menstruated (answer if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Operations or Injuries

Explain Any Special Health, Behavioral or Emotional Consideration(s)

Medication Needed or Used (including Psychiatric)			Currently being given	
Kind	Frequency	Dosage	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Special Conditions to be watched for such as ALLERGY (Reactions to food, Penicillin or other drugs), bee/wasp stings, bug bites, etc.

	Polio	Mumps	Diphtheria	Tetanus	Pertussis (Whooping cough)	Measles	Rubella	Hepatitis B	Other
Date Initial Immunization Completed									
Date of Most Recent Booster									

Should the participant's activity be restricted because of any physical limitation or illness? NO YES If yes, explain degree of restriction:

I certify that this information is true to the best of my knowledge	Authorized Person's Signature	Date
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LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

ALLEN PARK PRESBYTERIAN CHURCH/CAMP WAKANDA HEALTH FORM

Participant's Name _____ Date _____

It is always the goal of the church leaders to provide a positive and nurturing experience for all participants. All information on this form will be kept confidential and used only to help us prepare appropriate support and guidance for the participant while in the care of Allen Park Presbyterian Church.

1. Has the participant been ill in the last three weeks? Yes No

If yes, please describe: _____

2. Does the participant have any physical disabilities? Yes No

If yes, please describe: _____

3. Does the participant have any emotional, psychiatric or psychological difficulties? Yes No

If yes, please describe: _____

4. Does the participant have any allergies? Yes No

If yes, please describe: _____

5. Does the participant take any medication? Yes No

If yes, please list: _____

6. Has the participant had a tetanus shot? Yes No If yes, when was their last shot? _____

7. Is the participant subject to any of the following? (please check any that might apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Sinus Infections |
| <input type="checkbox"/> Sleep Talking | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Lice (currently) |
| <input type="checkbox"/> Spasms/Seizures | <input type="checkbox"/> Bedwetting/soiling | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Draining Ears | <input type="checkbox"/> Indigestion | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Fainting | <input type="checkbox"/> Bowel/Bladder Control Issues |

Please indicate if your youth/you would like to room with someone. Limit the names to two. We cannot guarantee specific room selections but we will try. Please let us know as well if your youth/you have special nighttime needs (see section below).

1. _____ 2. _____

Is there anything else about the participant that you believe would be helpful for us to know?

I understand that to ensure the success of the participant at an event or at camp, any special needs must be addressed with the Ministers or Church Advisors prior to the departure of the event/camp. If necessary, an individualized behavior plan will be designed between the participant, the Ministers and/or the Church Advisors and the parent/guardian/self.

Signature of Participant/Parent/Guardian

Participant's Name (Please print): _____

IMPORTANT!

Authorizations:

The participant may engage in all prescribed event /camp activities, except as noted by me or an examining physician.

In case of injury, parents or/the emergency contact person will be called immediately for their decision on medical treatment.

If parents and/or the emergency contact person is not available, we will use our best judgment as to the course of action to pursue and will continue to attempt contact. The staff and designated ministry leaders will not be responsible for any costs incurred as a result of illness or injury. The staff and designated ministry leaders should be notified if this participant is exposed to any communicable disease during the three (3) weeks prior to event/camp attendance.

I understand the above mentioned participant will be sent home if their behavior jeopardizes Staff or other participants, jeopardizes the integrity of the program, or is not viewed as appropriate in anyway by the group leadership.

I understand that the above named participant may be participating in an event/camp activities that **may** include Technical Tree Climbing, Horseback Riding, Boating, and Archery. I understand that there may be inherent risks in these activities.

If the participant must return home due to illness or behavior, I will incur the cost of transporting them home or I will arrange transportation for the participant within a realistic time specified by the group leadership.

I also give permission for the participant to be photographed or videotaped and allow our group to release said pictures for publicity purposes.

Parent/Guardian/Self Name (Please Print) _____

In the event that I am not able to pick up the participant/or transport myself (adults) she/he/I may be released only to the following people:

Print Name

Phone

Signed: _____

Relationship: _____

Date : _____

PLEASE SEE NEXT PAGE

Sign-Out Authorization

Anyone signing out participant, must be on the front of this form

Event or Camp Name: _____

Released to: (Please Print Name) _____

Signature: _____

The above line is to be signed **AFTER** the participant returns to the church

Date of Sign Out: _____

Event or Camp Name: _____

Released to: (Please Print Name) _____

Signature: _____

The above line is to be signed **AFTER** the participant returns to the church

Date of Sign Out: _____

Event or Camp Name: _____

Released to: (Please Print Name) _____

Signature: _____

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Released to: (Please Print Name) _____

Signature: _____

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Event or Camp Name: _____

Released to: (Please Print Name) _____

Signature: _____

The above line is to be signed **AFTER** the participant returns to the church

Date of Sign Out: _____

PACKING LIST FOR CAMPERS

We are asking everyone to pack in a *cloth/canvas duffel*. Bedding can be placed in a sleeping bag and/or pillowcase. Cloth allows us to pack the trailer more efficiently, and in the event we find “critters” in a room or cabin, cloth allows us to heat treat quickly and eradicate the problem before it comes home.

Bring old, durable clothing as suggested below in addition to the clothes you wear up to camp. Be sure to **LABEL EVERYTHING**. Clothes and bedding get mixed around as it’s being unpacked and/or packed, and can be lost forever unless it’s clearly labeled! And plan for weather changes! The first items are useful in any season.

Bible

- _____ twin fitted and flat sheet and sleeping bag or heavy blanket
- _____ pillow with pillowcase
- _____ 1 pair of closed-toed shoes (in addition to the shoes you’re wearing up)
- _____ sandals/flip flops (can use as shower shoes)
- _____ several pairs of socks
- _____ plenty of underwear
- _____ several shirts
- _____ jeans or other long pants (even in the summer!)
- _____ heavy sweater or jacket
- _____ hat
- _____ pajamas
- _____ Two (2) bath towels and washcloths
- _____ small box of tissues
- _____ toiletries—toothbrush, toothpaste, soap, shampoo, deodorant
- _____ shaving supplies, sanitary supplies, chap stick, retainers
- _____ plastic, easy-carry water bottle (no glass!)
- _____ flashlight and batteries
- _____ camera and film
- _____ books/games
- _____ large trash bag for dirty clothes and towels
- _____ musical instruments (*optional*)
- _____ medication (*must be given to nurse and noted on health form*)

Summer

- _____ shorts
- _____ light sweater or jacket
- _____ swim suit
- _____ beach towel
- _____ rain poncho and boots
- _____ **insect repellent**
- _____ **sunscreen (SPF 30)**

Winter

- _____ snow coat/pants/boots, warm hat, waterproof mittens/gloves

DO NOT BRING:

Electronic equipment of any kind, cell phones, fireworks, firearms, expensive jewelry, food of any kind, energy drinks of any kind, air fresheners, perfume or colognes.

2/2018

Packing for Camp at Wakanda

Bedbugs are on the rise across our nation, and Detroit is #3! We aren't fond of bedbugs, and really don't want them to hitch a ride to camp, nor do we want your camper to bring them to your home. We ask that you and your camper help us to keep our camp bug-free by taking every precaution as you pack and unpack your camp belongings. We're updating our packing sheet to include information that you might find helpful, interesting, and quite possibly educational as well!

TIPS ON PACKING FOR CAMP

- Use washable luggage, like a backpack or a cloth duffel bag, or you can use heavy duty garbage bags, or a pillow case.
- Dry all cloth luggage, clothes, stuffed animals and bedding, including sleeping bags and pillow cases, in the dryer for 30 minutes on the highest heat setting before packing. You can wash them first, but you don't need to. It's heat that kills the bugs.
- You might also want to buy a zippered pillow cover that says it's for "bedbugs." Zip the pillow you are sending to camp in it and then put the pillow case on.

COMING HOME FROM CAMP

BEFORE bringing anything into your home, put all cloth luggage, clothes, stuffed animals, bedding, and sleeping bags, in the dryer for 30 minutes on the highest heat setting, though you will probably want to wash the clothes, bedding, and perhaps even the duffel first to remove all the dirt your camper collected at camp! If you packed in plastic bags, they should be thrown away outside your home.

For things you cannot dry in a dryer:

- Inspect them carefully for signs of bed bugs.
- Vacuum them or clean them with an alcohol-based product, paying special attention to zippers, seams, buttons, cracks and crevices. Seal the vacuum bag in a plastic trash bag and throw it away outside your home.
- Seal empty luggage in plastic bags and keep it in a storage area or the garage (not in the bedroom). Leave it there until you need to use it again. *Handy tip* – if it's hot outside, you can put your luggage into black plastic bags, tie securely and leave in the hot sun for 4 or 5 hours.
- Wipe shoes with rubbing alcohol BEFORE bringing them into your home.

And last, but certainly not least

Camps are not the only places with bed bugs. They are often found in private homes, apartment complexes, hotels, motels and vacation rentals, but can also be in second hand stores, schools, hospitals, dorms..... just about anywhere. They are good hitch hikers, well-seasoned travelers, and their taking up residence has nothing to do with cleanliness. A five-star hotel can get them just as easily as a run-down apartment. They are found throughout Michigan and the US. They are often brought home in purses, bags and suitcases. **The good news is** that they don't transmit diseases! They're just a nuisance and difficult to get rid of.

If you find, after all the careful planning, packing and unpacking from camp, business trips or holiday travels, that you have picked up a bed bug hitch hiker, know that they are easier to get rid of if you find them early. Bed bugs molt five times before they become egg-laying adults, and each molt requires a blood meal. Even so, the nymphs can go a few months without a meal, while adults can survive a year or slightly longer without a meal.

You are more likely to find bed bugs early if you:

- Inspect beds weekly when you change the sheets. Use a flashlight to check the mattress, box springs, behind the headboard and behind any wall decorations you have hanging near the bed. Wash and dry your sheets each week using the highest heat setting for at least 30 minutes.
- Pick up clutter like clothes, toys, papers, garbage and other bed bug hiding places.
- Do not store or leave anything under the beds. Vacuum often.

For further information, this website may provide some answers. <http://www2.epa.gov/bedbugs>