

Dear Parent/Guardian Innabah Camper:



- 1) **THANK YOU** for registering to attend summer camp at INNABAH! We are looking forward to sharing in your camping experience this summer. Please **READ CAREFULLY** the information in this letter and keep it in a safe place. A **CHECKLIST** of what to bring with you to camp is on the other side of this letter.
- 2) **REGISTRATION** will begin at **3:00 p.m. in the Dining Hall** on the first day of your child's scheduled camp. Please plan to arrive between 3pm and 4pm for registration. **Early registration is not permitted.**  
  
**Balance Payment** : If you have not paid your balance, **you must** do so at registration.  
Bring these **COMPLETED** Forms:  
**Health History, Parent/Video Release, Authorization of Medication Administration** (If bringing **any** medication to camp - either over the counter or prescription medications. Prescriptions **MUST** be in the camper's name).  
**Physical Form** (Only if you are attending the following events: #329 Sports Spectacular, # 352 Junior High Sports, #359 Water Sports Splash, #375 Horseback, #386 Soccer I, #387 Soccer II)
- 3) **BUNKMATES**: We will do our best to honor this request, but it is not always possible.
- 4) **CAMP STORE**: will be **OPEN** during registration and check-out times. It is encouraged to make purchases of higher price and those requiring correct sizing at these times. Funds should be deposited into a store account in your camper's name during registration. All purchases must be made during your camp session with your store card. **Any unspent money will be donated to the Love Offering.**
- 5) **CAMP PHOTO/DVD's**: You may choose to order a photo of your camper's particular group. You must order and pay for this photo at registration. We will most likely have two sizes this year one for \$3.00 and one for \$6.00. Camp DVD's will be available for \$10.00. You must order and pay for these at registration. You should receive the photo and/or dvd before you leave camp. **If your camper isn't allowed to be photographed or videotaped, please indicate that on the video release form.**
- 6) **MAIL**: Campers will receive mail after the evening meal each day. Please write early as it usually takes 2 days for mail to arrive at camp. **PLEASE ADDRESS MAIL** as follows: Camp Innabah  
Camper's Complete Name  
Name and # of Camp (example: Challenge 1 #361)  
712 Pughtown Road, Spring City, PA 19475.
- 7) **EMAIL**: We are using a new program for camper email this year. It is \$1.00 per email and you sign up through our website to do this new program. **Please read the attached flyer for detailed instructions on this program.**
- 8) **VISITORS or PHONE CALLS**: We discourage these as they disrupt the camping experience. In case of an emergency situation call or stop at the camp office and ask for the Director or the nurse on duty for the week and they will inform your camper of such a situation. Thank you for your understanding in this matter!
- 9) **Pickup Time** - Camper pickup is at 10:00AM at the conclusion of their event. Additional charges apply if your camper is picked up later than 10:30AM.
- 10) Thank you for your registration for Summer Camp. We look forward to seeing you this summer. If you have any questions, feel free to call the office at 610-469-6111 or [camp@innabah.org](mailto:camp@innabah.org).

**P.S. Don't forget the CHECKLIST on page 2!**

**WHAT TO BRING WITH YOU TO CAMP:**

(PLEASE label everything with camper's name/initials)

**1) The following completed and signed forms:**

- Health History Form     Authorization for Medication Form **\*\***(Only if bringing any kind of medication to camp)
- Physician's Report of Physical Examination **\*\*** (Only if Attending Above Listed Sports Camps)
- Parent/Video Release

**2) Linens**

- sleeping bag or sheets and blankets     pillow     towels and washcloth

**3) Clothing and Footwear**

- clothing for each day of camp, include extra socks (**appropriate** for a Christian Camp)
- jacket or sweatshirt                       rain gear                       hat
- two pair of old, sturdy shoes or sneakers and shoes to wear on creek hikes!  
(sandals, flip-flops, & open shoes are for pool & showers only)
- bathing suit (**appropriate** for a Christian Camp. **PLEASE, no bikini's**)

**4) Essential Items**

- toothbrush, toothpaste, shampoo, soap, other necessary toiletry articles
- Bible     sunglasses, sun block     water bottle     flashlight with extra batteries
- non-aerosol insect repellent     notebook, pen, or pencil     envelopes/postcards and stamps to send notes

**\*\*for SOCCER CAMPS:**     shin guards     sweat suit or proper uniform for sport     proper sneakers or shoes

**\*\* for FISHIN' CAMP/LITTLE MINNOWS:**     Fishing rod and tackle if available

**THANK YOU for NOT BRINGING: Video Games, **Cellular Phones/Beepers**, Snack Foods, Personal First Aid Kits, Knives, or any inappropriate items that will take away from a great camper experience. **(If any of these items are brought to camp they will be taken for safe keeping and returned to you at the end of your week.)****

DIRECTIONS to INNABAH , 712 Pughtown Road, Spring City, PA 19475

Innabah is located in Chester County, East of Rt. 100 at Pughtown Rd, which is just South of Rt. 23

**From the South**, exit at the Downingtown interchange of the PA Turnpike(Exit #312) and go North on Rt. 100 about 8 miles to Pughtown Rd. Turn Right onto Pughtown Road. The camp entrance is ¾ of mile on the right.

**From the North**, follow Route 100 South to Pughtown Rd. Turn Left onto Pughtown Road. The camp entrance is ¾ of mile on the right.

**From the East**, exit at the Downingtown interchange of the PA Turnpike(Exit #312) and go North on Rt. 100 about 8 miles to Pughtown Rd. Turn Right onto Pughtown Road. The camp entrance is ¾ of mile on the right.

**From the West**, exit at the Morgantown interchange of the PA Turnpike(Exit #298) and follow the signs for 23 East/10 south.Take 23 East – to 100 South (approx. 11 miles)  
Turn Right on 100 South to Pughtown Rd (approx ¾ mile). Turn Left onto Pughtown Road. The camp entrance is ¾ of mile on the right.



Eastern PA Conference/United Methodist Church  
**CAMPER HEALTH HISTORY FORM**

(To be completed and signed by parent/guardian; please print or type all entries)

Completed form must be brought to camp -

**PLEASE DO NOT MAIL**

**For Camp Use Only:**  
Camp # \_\_\_\_\_

**Housing -**

**GENERAL INFORMATION**

CAMPER'S NAME \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_  
(Last) (First) (MI)

Social Security # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
NAME OF PARENT/GUARDIAN

(Please Circle One) (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

ADDRESS OF PARENT/GUARDIAN \_\_\_\_\_  
(Street) (City, State, Zip)

PHONE NUMBERS OF PARENT/GUARDIAN  
Father/Guardian: Home-( ) Work -( ) Cell -( )

Mother/Guardian: Home-( ) Work -( ) Cell -( )

IN CASE OF EMERGENCY, IF PARENTS/GUARDIANS CANNOT BE REACHED, PLEASE NOTIFY:

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

FAMILY MEDICAL/HOSPITAL INSURANCE CARRIER  
POLICY ID # \_\_\_\_\_ POLICY/GROUP # \_\_\_\_\_ POLICY HOLDER'S SSN \_\_\_\_\_

(This information is required since each camper is covered by limited accident and medical insurance in excess of parent's own insurance; **CAMP'S POLICY IS A SECONDARY POLICY**. PA state law prohibits duplicate payments.)

**For minor illness or injury**, the following medications are available to administer to campers **as needed** (based on our standing medical orders): Acetaminophen/Tylenol, Ibuprofen, Milk of Magnesia, Mylanta, Kaopectate, Diphenhydramine/Benadryl, Robitussin, Pseudoephedrine/Sudafed, Antibiotic Ointment, Caladryl, Desenex, Chloraseptic spray and lozenges, Swimmer's Ear Drops, Anbesol, Hydrocortisone Cream.

Do not administer above medications  Administer above medications

Administer above medications except \_\_\_\_\_

Signature \_\_\_\_\_

**CERTIFICATION AND AUTHORIZATION \*\*\*MUST BE COMPLETED FOR ATTENDANCE\*\***

I certify that the information provided on both sides of the Health History Form is, to the best of my knowledge, complete and accurate. I know of no reason(s), other than the information indicated on this form why my son/daughter/camper should not participate in all camp activities. I take full responsibility for any medical problems (illness or injury) that occur as a result of my failure to disclose medical conditions, restrictions, or limitations of my child. I understand the State of PA requirement that all campers be examined by the Health Care Staff on the day of registration and give my permission for the conduct of such an examination.

My son/daughter/camper \_\_\_\_\_, has permission to participate in the activities associated with the summer camping program of the Eastern Pennsylvania Conference/United Methodist Church. Further, in the event of an illness or emergency, the Program Center Director or designee is authorized to act in my behalf in securing medical treatment for my child named above.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Don't miss Page 2!**

(Page 2 of Health History Form)

TO GIVE APPROPRIATE CARE TO THE CAMPER WHILE HERE AT CAMP, PLEASE COMPLETE THE FOLLOWING INFORMATION ACCURATELY - THANK YOU

DATE OF CAMPER'S LAST HEALTH EXAM \_\_\_\_\_ WERE ANY PROBLEMS NOTED AT THAT TIME? \_\_\_ YES \_\_\_ NO  
SINCE THE CAMPER'S LAST HEALTH EXAM, HAS HE OR SHE HAD ANY OF THE BELOW:

- A serious injury requiring medical attention \_\_\_ Yes \_\_\_ No Surgery or a fracture \_\_\_ Yes \_\_\_ No
A diagnosed infectious disease \_\_\_ Yes \_\_\_ No Exposed to any communicable disease \_\_\_ Yes \_\_\_ No
\*\*A physician's restriction in any physical activity \_\_\_ Yes \_\_\_ No \*\*Medication prescribed \_\_\_ Yes \_\_\_ No

PLEASE EXPLAIN : \_\_\_\_\_

\*\* A physical examination may be required to participate in physically active camps. (See camper letter) NO Medication will be given without completed medication forms!

Is the camper currently under a physician's care for a medical problem? (Describe)

Are all immunizations up to date? \_\_\_ Yes \_\_\_ No Date of last Tetanus (DPT,DT,TT) Shot MUST be listed here \_\_\_\_\_

Has the camper ever had or now have any of the following medical problems?

- Asthma Frequent ear Infections/cold /sore throats Chicken Pox HIV TB
Bleeding/Clotting Disorder Convulsions/Seizures Diabetes Heart Disease or Defect Hypertension
Kidney Disease Sickle Cell Disease Behavioral/Emotional Problems Other

Please explain : \_\_\_\_\_

Please check the following conditions that apply to the camper:

- Athlete's Foot/Ringworm Bed Wetting Sleepwalking Special Diet
Fainting Motion Sickness Hearing Impairment Ear Tubes Wears Glasses/Contacts
Menstrual Cramps Stomach Upsets Homesickness Nosebleeds Constipation

Please explain : \_\_\_\_\_

Does the camper have any of the following allergies? (Please check and describe)

Table with 3 columns: ALLERGIES, Describe, Treatment. Rows include Medications, Seasonal/Environmental, Insect Stings, and Other.

FOR CAMP USE ONLY: ON-SITE HEALTH EXAMINATION
General Health Condition: \_\_\_\_\_
Illnesses experienced or exposed to during preceding 30 days: \_\_\_\_\_
Recommendations and restrictions (activity, diet, etc): \_\_\_\_\_
Skin Lesions/Bruising: \_\_\_\_\_ Other \_\_\_\_\_
Signature of Examiner \_\_\_\_\_ Date \_\_\_\_\_



EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH, Camp Innabah, 712 Pughtown Road, Spring City, PA 19475

**AUTHORIZATION FOR MEDICATION ADMINISTRATION**

PLEASE NOTE: **ALL PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS MUST BE AUTHORIZED BY A PHYSICIAN/PROVIDER.** You may copy this form.

Child's Full Name \_\_\_\_\_

Reason for Medication(s) \_\_\_\_\_

If your camper must receive medication during his/her scheduled summer camping session, please complete this form and bring it along with the prescribed medication to camp with the camper. All medications and forms will be checked at camp registration on the start day of your camper's event. **NO Medication will be accepted unless his/her name is on the original prescription.** Campers using over the counter medications daily must have this form signed and brought to camp with the medication.

**PRESCRIBING PHYSICIAN INFORMATION** - I certify that it is imperative that the medication prescribed below be taken during this child's camping session.

(Physician's Name) \_\_\_\_\_ (Physician's Signature) \_\_\_\_\_ (Phone) \_\_\_\_\_ (Date) \_\_\_\_\_

Medication Name(s) / Dosage(s)	Time(s) : B-Breakfast, L-Lunch, D-Dinner, HS-Bedtime
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS Other_____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS Other_____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS Other_____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS Other_____

**PARENT AUTHORIZATION**

I, \_\_\_\_\_ give my consent to the Health Care  
(Name of Parent/Guardian)

Staff to administer the above medication(s) to my child/camper \_\_\_\_\_  
(Name of Camper)

during their time at Camp Innabah from \_\_\_\_\_ through \_\_\_\_\_  
(Starting Date) (Closing Date)

(Signature of Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION COMPLETED BY HEALTH CARE STAFF ONLY**

- \_\_\_ Permission form completed
- \_\_\_ Safety type container
- \_\_\_ Original prescription label
- \_\_\_ Name of this child is on the label
- \_\_\_ Date on label is current
- \_\_\_ OTC, original container and current
- \_\_\_ Name of drug, dose, and frequency of administration is on label
- \_\_\_ Inhaler and/or Epi-Pen with camper (either with individual or counselor)

(Health Care Staff Approval)

# Innabah Photo/Video Release



Camper's Name \_\_\_\_\_

**I give my permission** for Innabah to:  
 Photograph/video tape my camper during their camp session for the weekly group photo and weekly camp dvd. Additionally, they may be photographed/ video taped for the purpose of promotion of camp and retreat ministries. This is including, but not limited to, newsletters, displays, Innabah websites, and UMC websites.

**I do not give my permission** for Innabah to:  
 Photograph/Video tape this camper for promotional purposes.  
 Photograph this camper for the weekly camp photo  
 Photograph/Video tape this camper for the weekly dvd

Signature of Parent/Guardian \_\_\_\_\_ Printed Name \_\_\_\_\_

**Check us out on the web at:**  
[www.innabah.org](http://www.innabah.org)  
**Or join us on Facebook at:**  
**Camp Innabah Official Fan Page**

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EASTERN PENNSYLVANIA CONFERENCE, UNITED METHODIST CHURCH  
**CAMPER RELEASE**

Camper Name \_\_\_\_\_ Event Name \_\_\_\_\_  
 Event # \_\_\_\_\_

**Release my camper for pickup from Innabah to the following person(s):**

**Check boxes to indicate the authorized person(s):**

	Name	Contact # <small>Cell phone if available</small>
<input type="checkbox"/> Mother and/or Father	_____	_____
<input type="checkbox"/> Mother only	_____	_____
<input type="checkbox"/> Father only	_____	_____
<input type="checkbox"/> Guardian/Agency	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Other	_____	_____

**SIGNATURE OF PARENT/LEGAL GUARDIAN:**  
 \_\_\_\_\_  
 Date \_\_\_\_\_

<p><b>SIGN-OUT SECTION - END OF CAMP PROGRAM (Office Use Only)</b></p> <p>Person named above picking up camper (circle): Mother, Father, Guardian, Agency, Other**must be listed on the side!</p> <p><b>Date/Time</b> _____</p> <p><b>Counselor verification</b> that person signing below picked up camper:                  Signature: _____</p> <p><b>Authorized Release Signature:</b>                  Signature: _____</p>
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Thank you for  
supporting the  
ministries at Innabah!

**A United Methodist Church Camp**  
[www.innabah.org](http://www.innabah.org), [camp@innabah.org](mailto:camp@innabah.org),  
or 610-469-6111

## Year Round Opportunities

- \_ Overnight Retreat Facilities available for rental
- \_ Day Retreats
- \_ Summer Camp for all ages! Birth-Adult
- \_ Day Camp – 3 Year olds - 5<sup>th</sup> Grade - Available  
7:30AM- 5:30PM depending on ages.  
Great discounts for more than one child  
registering for day camp!
- \_ Picnic Rentals - Pavilions for rent!
- \_ Gym Rental
- \_ Pre-school Days in the Fall – Free Hayrides and  
lunch. Call to be added to the mailing list.
- \_ Ways to Support Innabah: Pray for our ministries,  
Help us financially, Volunteer, Donate Items  
on our wish list, and more!

### INNABAH WISH LIST IMMEDIATE NEEDS

- \*\* Replace carpeting in Farmhouse/  
Offices -\$8,000
- \*\* New Walkways to Orchard and Sky Hill(donation  
coming!)
- \*\* Bob Cat/Front End Loader/Etc

### SUMMER 2011 NEEDS

- \*\* Volunteer nurses for check-in or the week!
- \*\* Volunteer counselors—must be 18
- \*\* Summer Staff—must be at least 16

### IN THE NEAR FUTURE

- \*\* Steam pots for the kitchen -\$?
- \*\* Financial gifts to assist with the budget
- \*\*New Playground Equipment

### ANYTIME NEEDS

- \*\* Volunteer work groups
- \*\* Duct Tape/Masking Tape
- \*\* Chain Saws
- \*\* Sports equipment
- \*\* Markers
- \*\* NIV Bibles for campers

**Please call us if you have any questions  
about our wish list! Thanks for your  
support!**



## 2011 Innabah Events

### March 4-6– Summer Staff Interview Weekend

For more information, please Christy Heflin at  
[innabahdirector@aol.com](mailto:innabahdirector@aol.com)- You can apply online at  
[www.innabah.org](http://www.innabah.org).

### Friday, May 6 - Golf Tournament –Spring Hollow Golf Course

For more information, email Christy Heflin at  
[Innabahdirector@aol.com](mailto:Innabahdirector@aol.com)

Hole Sponsors, Patrons, Prizes and Golfer's Needed!

### Sunday, June 5- Summer Open House 2:00PM-5:00PM

Lots of activities for the family! Camp tours,  
boating, swimming, food, and fellowship! Check  
out our website for more details! Calling all alumni!  
Watch for details about our staff reunion June 3-5.  
Come visit us on this special day!

### Monday, June 13- Summer Camp Begins

For more information, check us out on the web at  
[www.innabah.org](http://www.innabah.org) or call us 610-469-6111. You can  
register online at [www.innabah.org](http://www.innabah.org)

### Saturday, December 10 - Christmas Open House 2:00PM-5:00PM

Overnight lodging is available for the weekend at a  
discounted rate call for more information 610-469-  
6111. Join us for this wonderful holiday event.

### Upcoming Retreats in 2012

Children's Retreat – Grades 2-5 – January 20-22  
Youth Retreat – Grades 6-9- January 20-22  
Women's Retreat – Adults – January 20-22

### Watch us Grow!

**10 New Cabins Completed! 2 more to go in 2011**  
-one in the spring and one in the fall

**Day Use Bath House** –finished in Spring of 2011!

**Eagle Scout Projects** – 34 completed since 2001, 3  
in progress

Donate online anytime at [www.innabah.org](http://www.innabah.org)!

# Stay in touch with your Camper this summer!

We are excited to tell you about our partnership with Bunk1.com! Bunk1's secure, easy to use, summer website services let you stay in touch with your camper all summer!

## GET STARTED TODAY

To set up a new account and visit our Online Community:

1. Go to our website at [www.innabah.org](http://www.innabah.org)
2. Click the "Camper Email" button \*
3. Click "Register Now"
4. Enter your Pre-Approved Registration Code: 1110172BA
5. Fill out all the required information
6. Purchase Bunk Note credits (you will need a credit card)
7. Send an email to your camper!

\* If you cannot find this button, go to [www.campinnabah.bunk1.com](http://www.campinnabah.bunk1.com) instead and continue on to the next step

\*\* For your camper's safety, please do not share the Pre-Approved Registration code above.

## ***FREQUENTLY ASKED QUESTIONS***

How do I send a Bunk Note (one-way email) to my camper?

**Follow the instructions above except, after registering, simply sign in and click on the Bunk Notes button. Enter your camper's name, select the correct event, type your message, and hit the "Send" button.**

Why do I have to pay to send Bunk Notes (one-way email)?

**Each morning, the Bunk Notes system bundles and sorts the messages for us to print out and distribute to campers. It also protects us from computer viruses and allows us to easily manage these emails. Your payment helps us cover the cost of the system, paper, ink, and labor and, more importantly, frees us to do what we do best— be with your camper! Bunk Note cost \$1 each.**

Can other relatives use these services?

**Certainly, once you have set up your account, you will be able to invite other people to access these services.**

What do I do if I lost my username and password?

**You can get it online by going to [www.Bunk1.com](http://www.Bunk1.com) and clicking on the link "Lost Your Password?" (to the left of the page below the sign in button). You will receive an email with your username and password within a few minutes.**

## **QUESTIONS OR PROBLEMS?**

**Please call Bunk1 at 1-800-216-9472 or go to [www.bunk1.com/contact.asp](http://www.bunk1.com/contact.asp)**

