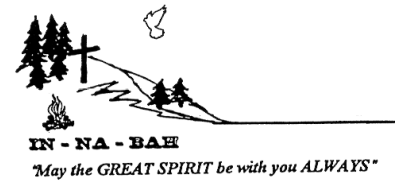


Dear Parent/Guardian of a Day Camper - Event #302 Young Children's Day Camp:

Welcome to Innabah's youngest camper experience and thank you for your registration to this exciting camping program. The Program Director and counselors are excited that your child is coming to camp. Please read carefully the information noted below as it will answer many of your questions and share several of our concerns as well. **Please note: This Day Camp runs from Monday through Friday from 9am to 3pm.**



- A. **Monday Registration:** begins promptly at **9:00 am in the Day Use Picnic Area**. You will need to bring with you the completed Health History Form, Authorization for Medication Form (if your child is bringing medication to camp), and Parent/Legal Guardian/Video Release Form designating who will be picking up your child each day. A nurse will check your camper at registration and keep any medication that the camper needs throughout the day.
- B. **The Store:** As a part of your registration fee, \$5.00 will be used to provide your child a snack each day. The store will be open after 3:00 PM each afternoon so parents can visit the store with their children to purchase camp souvenirs.
- C. **Camp Photo:** Each camper may choose to purchase a color group photo of their camp at a cost of \$5.00. This photo must be ordered and paid for at registration.
- D. **Clothing:** Please remember this is a day camp experience and campers will be outdoors most of the time, so please dress for camp. Packing extra clothes and a bathing suit, towel and sun screen for each day is a great idea. Campers will be required to take off their wet swimsuits and change into dry clothes after swimming. A jacket or sweatshirt is also good to pack just in case of cold weather.
- E. Please be extremely careful when driving on camp. Take any and all precautions when entering and leaving the Day Use Area as small campers are difficult to see. Also, please walk your camper to the pavilion each morning for registration.
- F. Your camper will be welcomed by the Day Camp Program Director and/or their counselor and will then begin to participate in get acquainted activities with other Day Campers. Along with a day full of activities, Lunch will be provided by the Innabah Staff.
- G. **PLEASE REMEMBER:** Daily registration begins promptly at 9:00 am. Do not arrive with your camper before 8:55 am. Daily check out time is **3:00 pm**. Do not arrive later than 3:00 pm for pick up. **Please note that we have day camp extended hours.** If you didn't register for the extended hours, you still can. You must register **at least a week ahead of time** for this option. We have early drop off and pickup at the Farmhouse. Drop off is between 7:30-8:45AM and pick up is between 3:00-5:30PM.
- H. If you would like to register for additional weeks of day camp, please use the enclosed form. Thank you for your registration for Day 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.

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 $\frac{3}{4}$ of mile on the right. **From the North**, follow Route 100 South to Pughtown Rd. Turn Left onto Pughtown Road. The camp entrance is $\frac{3}{4}$ of mile on the right.



Eastern PA Conference/United Methodist Church

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 # _____ BIRTHDATE _____ 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 _____

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 Diabetes
Bleeding/Clotting Disorder Convulsions/Seizures Heart Disease or Defect Hypertension Kidney Disease
Behavioral/Emotional Problems Sickle Cell Disease 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)

ALLERGIES: Describe Treatment

- Medications _____
Seasonal/Environmental _____
Insect Stings _____
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 <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> 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 child is on label
- Date on label is current
- OTC, original container and current
- Name of drug, dose, & frequency of admin on label
- Inhaler and/or Epi-Pen w/ 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
Or join us on Facebook at:
Camp Innabah Official Fan Page

EASTERN PENNSYLVANIA CONFERENCE, UNITED METHODIST CHURCH
PARENT/LEGAL GUARDIAN AUTHORIZATION
 FOR DAY CAMPER RELEASE

Camper Name _____ Camp Number _____

THE CAMPER NAME ABOVE WILL BE PICKED UP AT CAMP BY

(circle number to indicate authorized person(s):

List Names Below

1. Mother and/or Father _____
2. Mother only _____
3. Father only _____
4. Legal Guardian _____

Or, the person(s) listed below have my permission to pick up the above-named camper at camp:

NAME

5. _____
6. _____

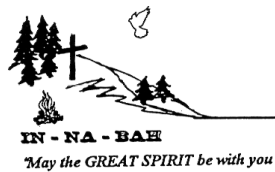
THIS SECTION MUST BE COMPLETED AT TIME OF CAMPER PICK UP.

Day	Authorized Person # From the Side	Authorized Release Signature	Counselor Initial
1			
2			
3			
4			
5			

THIS FORM MUST BE TURNED INTO THE CAMP STAFF AT REGISTRATION!! A NEW FORM IS REQUIRED EACH WEEK!

SIGNATURE OF PARENT/LEGAL GUARDIAN:

_____ Date _____



Thank you for supporting the ministries at Innabah!

A United Methodist Church Camp
www.innabah.org, 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 - 5th 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 Truck with PLOW!!!!!!!!!!!!!!!
- ** New Walkways to Orchard and Sky Hill
- ** Bob Cat/Front End Loader/Etc

SUMMER 2010 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

- ** Finances to build 3 more cabins— Approximately -\$22,000 a piece.
- ** Steam pots for the kitchen -\$?
- ** Financial gifts to assist with the budget

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!



2010 Innabah Events

March 5-7– Summer Staff Interview Weekend
For more information, please contact Chrissy Wells at Program@Innabah.org - You can apply online at www.innabah.org.

Friday, May 7 - Golf Tournament –Spring Hollow Golf Course

For more information, email Christy Heflin at Innabahdirector@aol.com
Hole Sponsors, Patrons, Prizes and Golfer’s Needed!

Sunday, June 6- 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 5-6. Come visit us on this special day!

Monday, June 14- Summer Camp Begins

For more information, check us out on the web at www.innabah.org or call us 610-469-6111. You can register online at www.innabah.org

Saturday, December 11 - 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 2011

- Children’s Retreat – Grades 2-5 – January 21-23
- Youth Retreat – Grades 6-9- January 21-23
- Women’s Retreat – Adults – January 21-23

Watch us Grow!

††††††††††††††††††††

- 9 New Cabins Completed! 3 more to go!**
- Sky Hill Bath House** –completed in the spring of 2009!
- Day Use Bath House** –construction in spring of 2010!
- Orchard Hill New Septic System**–construction in spring of 2010!
- Pavilion** –Sky Hill Pavilion – completed in June 2008!
- Eagle Scout Projects** – 33 completed since 2001, 3 in progress
- 6 New Outpost Sleeping Shelters** were rebuilt in 2007- 2009!