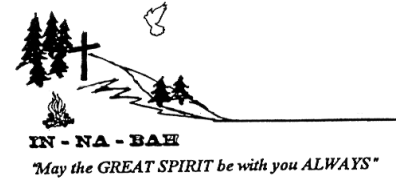


## Dear Parent/Guardian of a Pre-School Day Camper:



Welcome to Innabah's New Pre-School Day Camp Program for ages 3-5 years old. Thank you for your registration to this exciting camping program. Please read carefully the information noted below as it will answer many of your questions and share several of our concerns as well. It is **essential** that your child is potty trained to attend this event! **Please note: Day Camp runs from Monday through Friday from 9am to 12pm.**

- A. **Monday Registration:** begins promptly at 9:00 am in Covenant Lodge (June 14 and June 28) and Bethany Lodge (July 26). Signs will be posted to help direct you. 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. An Innabah Staff member or volunteer will check your camper at registration and keep any medication that the camper needs throughout the day.
- B. **Clothing:** Please remember this is a day camp experience and campers will be outdoors some 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.
- C. 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.
- D. Your camper will be welcomed by the Day Camp Director and/or their counselor and then begin to participate in activities with other Day Campers. **Lunch will not be provided** but a morning snack will be included in the daily program. Also on days with Extremely Hot Weather, measures will be taken to ensure that Pre-School Day campers spend some time in buildings with air conditioning to ensure that they do not become easily overheated.
- E. **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 12:00 pm. Do not arrive later than 12:00 pm for pick up.
- F. **Please note that we have Pre-School 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 at the Farmhouse. Drop off is between 7:30-8:45AM.
- G. 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](mailto: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**

<b>For Camp Use Only:</b> 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](http://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](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 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](mailto:Program@Innabah.org) - You can apply online at  
[www.innabah.org](http://www.innabah.org).

**Friday, May 7 - 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 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](http://www.innabah.org) or call us 610-469-6111. You can  
register online at [www.innabah.org](http://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!