

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 purchase an 8 x 10 color photo of your camp at a cost of \$6.00 each. 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.
- 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 and FAX**: You may email your camper by sending e-mails to camp@innabah.org. **Please include your camper's name and event number in the subject line.** Or you can fax your camper a letter. Our fax number is 610-469-0330.
- 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.

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 $\frac{3}{4}$ 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.

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 $\frac{3}{4}$ 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 $\frac{3}{4}$ mile). 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:
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 Eastern PA 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
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 # Cell phone if available
<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 _____

SIGN-OUT SECTION - END OF CAMP PROGRAM (Office Use Only)

Person named above picking up camper (circle):
 Mother, Father, Guardian, Agency, Other**must be listed on the side!

Date/Time

Counselor verification that person signing below picked up camper:

Signature: _____

Authorized Release Signature:

Signature: _____

Print Name: _____



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
- † 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!

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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!