



**Ben Tuel**  
Area Director

Dear Parent/Guardian,

Your child is signed up attend Young Life camp this Summer. **Camp is Saturday, July 13 - Friday, July 19th @ Young Life's Lake Champion in Glen Spey, NY.** Below are important details about the trip. Please read this carefully and keep for further reference.

Email will be our primary form of communication leading up to the camp trip. I will email you a monthly reminder about your balance due and other information.

- 1. The total cost of the trip is \$700.** This includes transportation, amazing food, all the fun of camp and accommodations at a top notch Young Life Resort. **Final payments are due by July 1st.**
- 2. Payment DUE DATES (see to-do check list).** We have limited fundraising and scholarship opportunities so making payments help keep the cost more manageable. You can make payments online at [mountaineerarea.younglife.org](http://mountaineerarea.younglife.org). Find the 2019 summer camp dropdown and click LakeChampion then click the "pay for camp" button. You can also mail payments to Young Life PO Box 533, Morgantown, WV 26507. If paying for camp is a financial hardship for you, please contact me directly ASAP. If you wait until the week before the payments are due, we will not be able to help you. (Please note that 2nd timers can participate in fundraisers but scholarships are only given to 1st time campers.)

December	\$100 deposit @ Camp Sign up day
January	\$100
February	\$100
March	\$100
April	\$100
May	\$100
June	\$100
- 3. SPECIAL DEAL:** If you have \$200 and a completed online health form (see #7 on back) filled out with IMMUNIZATIONS by March 1st you will receive a \$50 CREDIT to your trip!!!! TAKE ADVANTAGE!
- 4. You can share the payment link with family and friends** who might wish to contribute to your child's camp cost for birthdays, graduations and other such things.
- 5.** Your deposit is non-refundable. After April 1st, any payments made are non-refundable. We still have to to pay for a spot you reserve with your deposit whether your child goes or not. So please be aware of these deadlines.
- 6. TRAVEL:** Charter buses will leave from the White Hall & I-68 Walmarts around 7:00 am on Saturday, July 13, 2019. Camp ends at NOON on Friday, July 19th. Buses will return home around 8PM on the 19th. Your child can call you when they are about an hour from home.

#### Mountaineer Area

P.O. Box 533  
Morgantown, WV 26507-0533

Ben Tuel  
304-610-8175

[bentuel@wv23.younglife.org](mailto:bentuel@wv23.younglife.org)  
[mountaineerarea.younglife.org](http://mountaineerarea.younglife.org)

7. There is an **online health and consent form** that must be filled out not later than July 1st. You can find the link to the online health form on the Rockbridge camp trip page of [mountaineerarea.younglife.org](http://mountaineerarea.younglife.org)
- **If your child is a 1st time camper**, click the "Don't Have An Account Yet?" to set up an account.
  - **If your child has been before**, but you can't remember your user name and password, follow the prompts to retrieve those. Follow the prompts to COPY the previous years form to simply UPDATE your child's information.
  - **Immunizations dates must be entered OR a copy of your child's immunizations MUST BE ATTACHED to the form. Please DO NOT CHECK THE BOX THAT YOU WILL BRING IT TO THE BUS.**
  - If camper is under 18 years of age, **please use parent information to create the account so the correct signature will be on the forms.**
  - Feel free to let me know when you have completed your health form so I can confirm we received it electronically and that everything is all set.
- Information you will need:
- Area # WV23
  - Camp: Lake Champion
  - Guest Type: Camper
  - Camp Dates: July 13-19
8. **MEDICAL RIDER:** If you write **ANY** medication (prescription or over-the-counter) on your health and consent form, a physician **MUST FILL OUT** the medical rider form! Please know camp has a fully stocked infirmary with an MD on site. We recommend **NOT** putting OTC medications on the form so you don't have to fill out another form.

I am also including a packing list and some fundraiser information. Campers **DO NOT NEED** bedding or pillows. Bath towels are provided, but if you would like to bring an extra, that's fine. Please pack a beach towel.

Feel free to let us know if you have any questions. I'm available by phone, text or email.

Karen Lane  
Office Admin  
(614) 638-0757  
kflane6@gmail.com

Ben Tuel  
Area Director  
(304) 610-8175  
bentuel@gmail.com

We're looking forward to camp this summer!

# Summer Camp Check List

## ASAP:

- Turn in \$100 deposit.

## JANUARY

- Make a payment.

## FEBRUARY

- Make a payment.
- FUNDRAISER (KRISPY KREME)**
- Call your Primary Care Physician to request immunization records.**
- FUNDRAISER:** Send camp letters to friends and family.

## MARCH:

- Make a payment.
- By March 1<sup>st</sup> - Make sure you have at least \$200 turned in and an online health form filled out so you can receive a \$50 discount.
- FUNDRAISER:** Check your email for details!

## APRIL:

- Make a payment.
- FUNDRAISER:** check your email for details!

## MAY:

- May 1<sup>st</sup>: Total payments due by this time = \$500- or \$600 to stay on track.
- FUNDRAISER:** Send camp letters to friends and family.

## JUNE:

- Make a payment.
- Have physician fill out "Medication Rider Form" for any medications needed at camp.

## JULY 1st:

- Final payment due.
- Online Health & Consent Form Due.
- Medication Rider Form due
- Get excited about camp!!

# Lake Champion Packing List

- ❑ 1 bag/suitcase per person
- ❑ Spending money for the gift shop & snack bar
- ❑ cash for 1 Meal on the way to camp and 1 meal on the way home
- ❑ swimming suit and beach towel
- ❑ Sunblock
- ❑ Warm clothes for cool nights (jeans, sweatshirt, etc)
- ❑ **1 Outfit** to get **totally TRASHED** (I'm talking close toed shoes, socks, pants or shorts, shirt...the whole deal)
- ❑ 1 nice, dress-up outfit
- ❑ Rain coat and/or windbreaker
- ❑ Toothbrush and toothpaste
- ❑ Deodorant (PLEASE!!)
- ❑ All that personal hygiene stuff
- ❑ Shoes/sandals (You know – stuff for your feet!!)
- ❑ Bring some food if you like for bus and cabin
- ❑ Camera
- ❑ Frisbee, football, soccer balls, whatever stuff like that
- ❑ **Absolutely No drugs or alcohol!!!!**
- ❑ We are going to be at camp for 7 days. Make sure that you have enough clothes to allow for sweat, water, dirt, etc.
- ❑ **ALL electronic devices (phones, tablets, ipods) WILL BE COLLECTED at camp and stored in the office for safety. Feel free to bring these for the bus trip but know WE WILL COLLECT THEM!**
  - There are phones at camp you can use to call home for FREE.

# **PRESCRIPTION AND OVER-THE-COUNTER MEDICATION RIDER TO HEALTH CONSENT AND RELEASE FORM**

## **\*\*\*NOTICE TO ALL PARENTS WHO HAVE CHILDREN THAT WILL REQUIRE THE ADMINISTRATION OF PRESCRIPTION AND NON-PRESCRIPTION OVER-THE-COUNTER MEDICATIONS WHILE ATTENDING CAMP\*\*\***

If your child will be bringing prescription and/or non-prescription over-the-counter medications with them during their time at camp, this form **MUST** be completed by your child's treating physician and provided to the camp **PRIOR** to your child's arrival. There will be no exceptions permitted. In the absence of the completion of this form and timely return to the camp, your child's prescription and/or non-prescription over-the-counter medications cannot be administered and will result in your child's inability to participate in any camp activities and may necessitate their return home.

N.Y.S. Education Scope of Practice Law mandates that we receive a written order from each one of your child's treating physician(s) who have issued them prescription and/or non-prescription over-the-counter medications, so that those prescription and/or non-prescription over-the-counter medications can continue to be administered and distributed to them by our on-site medical personnel while they are at camp. The label on the prescription medication bottle or the instructions that come with the non-prescription over-the-counter medications is not considered a written order and may not reflect the most recent administration requirements. Thus, they may not be relied upon and cannot be used as a substitute for a written order.

You will need to have this form completed by each physician currently prescribing prescriptive and non-prescription over-the-counter medications for your child.

Please have your child's treating physician fill in the below requested information, and then sign and date the form where indicated. Thereafter the completed form(s) **MUST** be returned to the area staff person by email, fax or handing in of form(s) and received by the staff person no later than three (3) days prior to your child's arrival to camp. We strongly urge you to verify the receipt of this form by the area staff person before your child's departure, so no issues will arise during their attendance.

Please be aware that these orders may not be changed verbally and should it become necessary to modify your child's prescription and/or non-prescription over-the-counter medications during their stay with the camp, additional written orders will need to be received from your child's treating physician(s) in order to amend and/or supplement the existing orders.

By your physician completing and signing the annexed form you are hereby giving permission to the licensed medical personnel present at your child's camp to administer and/or oversee the self-administration of the prescription and non-prescription over-the-counter medications in the manner as being directed and provided for herein by your child's physician.

Area #: \_\_\_\_\_  
 (Can be found on electronic health form)

Trip Leader: \_\_\_\_\_

Camp Trip Dates: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street Address City State Zip

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent Name: \_\_\_\_\_  
Last First

Cell phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

I. Prescription Medications (attach additional signed and dated orders as needed)

<b>Prescription</b>	<b>Manner of administration</b>	<b>Dosage</b>	<b>Schedule and frequency</b>	<b>Special comments</b>

II. Non-Prescription Over-the-Counter Medications (attach additional signed and dated orders as needed)

NOTE: The Over-the-Counter Medications identified on the form may not necessarily identify those over-the-counter prescriptive medications "currently" present in the Infirmary, and thus this form should not be relied upon as an indication that the medication is presently available. Therefore, to the extent that a particular OTC will be required for administration it must be approved by the physician and delivered to the camp at the time of the participant's attendance.

<b>Medications approved for use</b>	<b>Manner of administration</b>	<b>Dosage</b>	<b>Schedule and frequency</b>	<b>Special comments and Indications for use</b>
Acetaminophen (Tylenol) Approved (circle): <b>Yes or No</b>		Per Label Instructions by age/weight		
Ibuprofen (Advil) Approved (circle): <b>Yes or No</b>		Per Label Instructions by age/weight		
Excedrin Extra Strength Approved (circle): <b>Yes or No</b>		Per Label Instructions by age/weight		
Midol Approved (circle): <b>Yes or No</b>		Per Label Instructions by age/weight		
Day-Quill Approved (circle): <b>Yes or No</b>		Per Label Instructions by age/weight		
Ny-Quill Approved (circle): <b>Yes or No</b>		Per Label Instructions by age/weight		
Diphen (Benadryl) Approved (circle): <b>Yes or No</b>		Per Label Instructions by age/weight		
Loratadine (Claritin) Approved (circle): <b>Yes or No</b>		Per Label Instructions by age/weight		
Diamode (Immodium) Approved (circle): <b>Yes or No</b>		Per Label Instructions by age/weight		
TUMS Tablets Approved (circle):		Per Label Instructions by age/weight		

<b>Yes or No</b>				
OTHER OTC 1: _____				
Approved (circle): <b>Yes or No</b>				
OTHER OTC 2: _____				
Approved (circle): <b>Yes or No</b>				
OTHER OTC 3: _____				
Approved (circle): <b>Yes or No</b>				

I, a duly licensed physician and/or medical practitioner whose name and signature appear below, does hereby direct the licensed health care provider at the camp to administer or oversee the self-administration of the aforementioned prescriptive and non-prescriptive over-the-counter medications in the manner, dosage, schedule, indications and frequency as herein directed by this order. This order may not be changed verbally and should it become necessary to amend and/or supplement this order a further written order will be issued.

Child's Name: \_\_\_\_\_

Name of Prescribing Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Specific directions other than as set forth above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Dated: \_\_\_\_\_