



VIRGINIA DISTRICT KIDS CAMP 2024 STUDENT HELPER APPLICATION

BASIC INFORMATION

When Does Camp Start & End?

- July 10-12, 2024. Registration will begin at 9:00 A.M. on Wednesday of the Camp.
- Kids Camp ends on Friday Evening. Student Helpers are encouraged to be picked up by 10:00 A.M. Saturday

How Much Does Camp Cost?

- Student Helpers registration is \$20 and covers the cost of meals and dorm lodgings.
- Your signed application must be brought with you at check in.

How Old Do I Need To Be?

- Student Helpers ages 16-17 must have been invited to serve by the Sunday School Director prior to registering

What's if I can questions?

- You can email the any questions to vdcm0207@gmail.com



Virginia District Kid's Camp 2024

Student Conduct Guidelines

1. Students are required to wear their registration band at all times.
2. Vile, rude or profane language is prohibited.
3. All students should give respect to the campground buildings and facilities.
4. Only registered student helpers will be allowed at camp during daytime activities.
5. Students are required to attend all services as outlined on the camp schedule and to report to scheduled duties on time.
6. Students must show respect to staff and instructors.

Student Dress Guidelines

1. No shorts allowed. Wind pants, slacks, & jeans for boys; dresses or skirts that cover the knee for girls.
2. Swimwear is appropriate in the pool area only, and during the designated separated swim time for boys and girls. Robes or other coverings required when walking out to the water slide.
3. No ornamental jewelry (necklaces, earrings, rings, bracelets, etc.)

Student Helper Signature



Virginia District Kid's Camp 2024

Student Helper Information

Student Name: _____

Date of Birth: _____

Age: _____ Gender: _____

Church Name _____

Please answer every question below.

What is your area of expertise/burden?

Where would you prefer to work?

1. _____

2. _____

3. _____

Will you work where needed? _____

Will you be able to be at the campground by **9:00 A.M.** on the Wednesday of Camp week? _____

Will you be able to attend Helper Orientation on Wednesday?

Yes No

Parent/Guardian Information

Name(s) of Parent/Guardian: _____

Name(s) of Parent/Guardian: _____

Address: _____ City: _____
State: ZIP: _____

Home Phone: _____ Work Phone _____

Cell Phone: _____

The following person is authorized to pick up my child at the conclusion of camp: _____

Parental Consent

I understand that: (1) I will be held responsible for the cost of any damage caused by my camper; and (2) I will be responsible to provide transportation home if my camper is dismissed early for misbehavior. I have read the camp rules and will support the Virginia District UPCI Children's Ministry in enforcing these rules. I have read and signed the Guidelines, Policies, Consent and Release forms and hereby reaffirm that the VA District UPCI, their agents and representatives (including camp staff) from all liability thereof and claims arising out of my campers' attending and/ or participating in camp. I further understand that from time to time VA UPCI promotions and other campers may take photographs or films during camp activities and that such photographs may appear in various promotional materials, newsletters, websites, advertisements, or presentations, therefore I consent to the use thereof.

I have carefully read and understand the above provisions and agree to them.

Parent/Guardian Signature: _____

Date: _____



Virginia District Kid's Camp 2024

Medical Information

Student Helper Name _____

1st Parent/Guardian with legal custody to be contacted in case of illness/injury:

Name: _____ Relationship: _____

Phone Number: _____

2nd Parent/Guardian or other emergency contact:

Name: _____ Relationship: _____

Phone Number: _____

Additional contact in event parent(s)/ guardian(s) cannot be reached:

Name: _____ Relationship: _____

Phone Number: _____

Medical Information

ALLERGIES:

No Known Allergies Food Medication

(Please describe below what the camper is allergic to and type of reaction)

DIET, NUTRITION:

This camper eats a regular diet. This camper has a special diet.

(Please describe the special diet below if necessary- i.e.: gluten-free, nut-free, lactose-free, vegetarian... etc.)

RESTRICTIONS:

Camper may participate in all activities without restriction

Camper may participate in all activities with the following restrictions:

Medical Insurance Information -

This camper is covered by family medical/hospital insurance: Yes No

Include a copy of your insurance card, if appropriate; copy both sides of the card so information is readable.

Insurance Company: _____

Policy Number: _____ Subscriber: _____

Insurance Company Phone Number: _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Parent/Guardian _____ **Date:** _____

Relationship: _____

Medical Information

Medication:

This camper will not take any daily medications

This camper will take the following daily medication(s) while at camp:

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Original pharmacy containers with labels which show the camper’s name and how the medication should be given are required. Provide enough of each medication to last the entire time the camper will be at camp.

Name of Medication	Reason for Taking It	When It is Given	Amount or Dose	How It is Given

Parent/Guardian Authorization for the Administration of above Medications:

I hereby give permission for the assigned camp nurse or authorized camp personnel to give the above medications to my child according to the directions listed on each medication. I give permission to the assigned camp nurse or authorized camp personnel to report any adverse reactions or side effects to emergency services or hospitals. I further agree to hold Virginia District Children’s Ministries and the above identified person(s) harmless in any or all claims arising from the administrations of the above medications or the performance of these procedures at camp. I agree to notify the Virginia District Children’s Ministries and assigned camp personnel of the terminations of this request or when any change in the above orders are necessary.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date: _____

Medical Information

The following non-prescription medications may be stocked in the camp health center and are used on an as needed basis to manage illness and injury. *Cross out those the student **SHOULD NOT** be given.*

- Acetaminophen (Children's Tylenol) Ibuprofen (Children's Advil or Motrin)
Diphenhydramine antihistamine/allergy medicine (Children's Benadryl) Guaifenesin cough syrup
(Children's Robitussin) Generic cough drops Hydrocortisone cream (Cortizone 10)
Antibiotic cream Calamine lotion Bismuth subsalicylate (Kaopectate, Children's Pepto-Bismol)
 Aloe

Parent/Guardian Authorization for the Administration of OTC Medications:

I hereby give permission for the assigned camp nurse or authorized camp personnel to give the above medications to my child according to the directions listed on each medication. I give permission to the assigned camp nurse or authorized camp personnel to report any adverse reactions or side effects to emergency services or hospitals. I further agree to hold Virginia District Children's Ministries and the above identified person(s) harmless in any or all claims arising from the administrations of the above medications or the performance of these procedures at camp. I agree to notify the Virginia District Children's Ministries and assigned camp personnel of the terminations of this request or when any change in the above orders are necessary.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date: _____