Camp Packing List

Below is a Checklist that can be used to pack your camper’s belongings. If you have any questions about any of these items please feel free to give us a call at camp 515-795-3338.

**PRECIOUS FEET POLICY!** A very important rule is that flip flops are only allowed to be worn at camp for shower and pool time. Our camp programs are very active during the day, and as a way to prevent twisted ankles and cut feet, we have a policy that campers and staff will at all other times wear shoes that cover their whole foot. This means closed-toe shoes such as Crocs, sturdy sandals with a heel strap, or tennis shoes must be worn at all other times for active camp programs and safety. *Some activities, like archery, require participants wear close-toed shoes, not sandals.* Realize that campers’ shoes (and feet) will get wet and dirty/sandy on the hikes, so please send at least one pair of old shoes.

The Iowa 4-H Center will not assume liability for lost, stolen, or damaged personal property. All clothing and personal items should be clearly marked with the camper’s full name. Good Will locations will receive all unclaimed items after September 1.

**Bedding**
1 pillow/pillowcase
1 set of twin bed sheets and a blanket, or sleeping bag for air conditioned cabins
1 laundry bag for soiled clothes

**Clothing**
Pajamas/sleepwear
1 rain jacket/poncho
Swimsuit (if swimming is planned)
2 pair of jeans/sweatpants for hiking or cool days
2 sweatshirts or a jacket for evenings
3 pairs of shoes:
   - old shoes for creek walks and wet days
   - tennis/athletic shoes for camp activities and hikes
   - flip flops only for the shower/pool area
Adequate shorts for the length of stay

**Toiletries**
2 towels (1 pool/1 shower)
Comb or hairbrush
Small bag to carry items to the shower/pool
Soap/shampoo/deodorant
Toothbrush/toothpaste
Waterproof sunscreen
Insect repellent with DEET
Other needed personal hygiene products

**Optional**
Books or travel size games for cabin time
Inexpensive camera marked with full name
Hat/bandanna/sunglasses
Flashlight

**WHAT NOT TO BRING:**
- Do not bring knives, fireworks, expensive jewelry or cameras, markers of any kind, food, gum, spray cans (including shaving cream and silly string), pocket cash, or pets to camp.
- Please do not send expensive clothing to camp. We prefer comfortable, casual clothes because camp activities may cause stains.
Iowa 4-H Camper Health History Form

Complete this form and bring with you first day of camp at camp registration.

PLEASE PRINT CLEARLY IN INK. We use this information to: (a) Brief kitchen staff about diet needs; (b) Educate staff about camper needs; and (c) Provide healthcare staff with background about your child. Receiving adequate information prior to your child’s arrival is crucial to our ability to provide a supportive environment.

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Age at Camp</th>
<th>Male / Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Middle Last</td>
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</tbody>
</table>

Home Address________________________________________________________________________________________

Town / CityStateZip

Emergency Contact Information:

<table>
<thead>
<tr>
<th>First Contact</th>
<th>Relationship</th>
</tr>
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<tbody>
<tr>
<td>Day Phone (______)</td>
<td>Evening Phone (______)</td>
</tr>
</tbody>
</table>

Second Contact Relationship

| Day Phone (______) | Evening Phone (______) | Cell Phone (______) |

Third Contact Relationship

| Day Phone (______) | Evening Phone (______) | Cell Phone (______) |

Billing Information for Health Care: Parents/Guardians are financially responsible for health care given by an out-of-camp provider. To whom should we route charges for this camper’s health care?

- This camper is not covered by family medical/hospital insurance
- This camper is covered by the following family health insurance carrier: _________________________________
  Policy/Group #: ____________________________________________________________________
  Name of person carrying the insurance: ____________________________________________________

Place of Employment: ________________________________________________________________

Parent/Guardian Authorization for Health Care (Must be completed to participate*):

This health history is correct, and complete, to my knowledge and the person described has permission to participate in all camp/event activities except as noted by me and/or the examining physician. I hereby give permission to ISU Extension staff or volunteers to provide routine health care, administer prescribed medication and over-the-counter medications as requested by parent according to nurse’s judgment, and seek emergency treatment including x-rays, routine tests, and routine first aid for the health of my child. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the child. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges to the attending physicians or health care unit (other than those covered by an ISU Extension and Outreach accident insurance plan). I understand that information about my child’s health will be shared on a “need to know” basis. This completed form may be copied for off-site trips.

Signature of Parent/Guardian: ______________________ Date: __________

Printed Name ____________________________ Date: __________

Arrange preauthorization for your child’s medical care if your insurance requires this.

We will have you call the Doctor Office with your credit card number for payment of treatment.

We will have you call our pharmacy with your credit card number if we anticipate that a prescription will be ordered.

Event:     Year 2016
Health History: To be completed by parent
Please keep a copy for your records and promptly update in writing any changes in your child’s health status.

Name of family doctor: ____________________________________  Office number: __________________________________
Name of family dentist: ____________________________________  Office number: __________________________________

Allergies: Check those which apply to this camper.

☐ This camper has no known allergies.
☐ This camper has an allergy to the following food(s): ________________________. This causes anaphylaxis? ☐ Yes ☐ No
Describe the reaction if this food is eaten and what is done to manage it: ____________________________________________

☐ This camper is allergic to the following medication(s): ________________________. This causes anaphylaxis? ☐ Yes ☐ No
Describe reaction: ___________________________________________________ This causes anaphylaxis?

☐ This camper has an environmental allergy: List & give reaction: ____________________________________________
This causes anaphylaxis? ☐ Yes ☐ No  Describe reaction and what is done to manage it: _______________________

☐ This camper is allergic Bee or Wasp Stings.  This causes anaphylaxis? ☐ Yes ☐ No
Describe reaction & how to manage it: _________________________________________________________________

☐ This camper carries an Epi-Pen for an allergic reaction.

List any additional information about allergies this camper may have: ____________________________________________
_______________________________________________________________________________________________________

Diet: Check those which apply to this camper. We can work effectively with most medically prescribed diets but cannot cater to individual food preferences. Please call if you have a question about diet.

☐ This camper eats a regular and varied diet.
☐ This camper is a picky eater.
☐ This camper is a vegetarian.  Circle items that child will eat:  Fish  Chicken  Eggs  Milk  Butter  Cheese
☐ This camper is lactose-intolerant. Check one:
   ☐ This camper uses a product like Lactaid and/or can self-manage the intolerance.
   ☐ This camper needs a lactose-free diet that includes no lactose in baked items (i.e., breads, cookies, cakes).

Any other additional information regarding diet: ________________________________________________________________
_______________________________________________________________________________________________________

Medication: Please list ALL medications (including over-the-counter & non-prescription) being taken routinely by the camper. Bring enough medication to last the entire stay. All medication must be in its original packing bottle that identifies the prescribing physician (if prescribed), the name of the medication, dosage and frequency of the dosage: (add more pages if needed).  Put all medications in a ziplock bag clearly marked with the campers name.

☐ This camper does not take any medication.
☐ This camper takes routine medication (include vitamins) as follows:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Specific time(s) of day</th>
<th>Reason for taking /Diagnosis</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
Health History Form -- Name:  

Health Concerns: Check all that pertain to this camper and provide information about supportive health care.
This camper has a recent illness, injury or surgery, which would affect program participation……………… ☐ Yes ☐ No
This camper has no chronic health concerns and is capable of full participation in this program. ……….. ☐ Yes ☐ No
☐ This camper has the following recent illness, injury, surgery, or chronic health concern(s):
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

These over-the-counter medications may be used to manage illness or injury during the camp or event and dispensed as
directed by our medical protocols. Cross out those which your camper/event participant SHOULD NOT be given:
Acetaminophen (Tylenol)     Ibuprofen (Advil, Motrin)        Anti-diarrhea (Imodium)       Allergy Medicine (Benadryl, Zyrtec)
Cold Medication             Antacid (Tums, Rolaid)         Pepto Bismol                    Cough drops or syrup
Sore throat drops/spray      Aloe Vera                       Calamine lotion                  Hydrocortisone cream
Antibiotic ointments/creams  First Aid spray                   Burn cream                      Zanfel (poison ivy cream)

Immunization: Are your immunizations current …………… ☐ Yes ☐ No

General History: Check “Yes” or “No” for each statement.
This camper typically makes noise while sleeping (snores, talks in sleep, etc.)……………………………… ☐ Yes ☐ No
This camper has a history of bedwetting…………………………………………………………………………… ☐ Yes ☐ No
This camper has a history of sleepwalking…………………………………………………………………………… ☐ Yes ☐ No
This camper has a history of being afraid of the dark …………………………………………………………………… ☐ Yes ☐ No
This camper usually gets up at night to use the bathroom………………………………………………………………… ☐ Yes ☐ No
This camper uses contact lenses (consider bringing an extra pair) or glasses to correct vision……………………… ☐ Yes ☐ No
This camper has braces, retainers, or other dental items………………………………………………………………… ☐ Yes ☐ No

Mental and Emotional Health: Please circle any of the following which this camper has been diagnosed with:
Attention Deficit Hyperactivity Disorder (ADHD)             Anxiety         Tic Disorder           Tourette’s syndrome
Autism Spectrum Disorder   Behavior Disorder               Depression             Obsessive Compulsive Disorder(OCD)
Schizophrenia   Bipolar                           Pervasive Development Disorder     Oppositional Defiant Disorder (ODD)

This camper has had a mental health hospitalization in the past.   Date of last hospitalization ____________ ☐ Yes ☐ No
This camper has seen or is currently seeing a professional to address mental/emotional health concerns…… ☐ Yes ☐ No
This camper has a learning disability……………………………………………………………………………………… ☐ Yes ☐ No
Other information regarding diagnosis:
________________________________________________________________________________________________________
________________________________________________________________________________________________________

What have we forgotten to ask? Please provide any additional information that you feel the staff will need to
know to make this camp experience successful for your child. ____________________________________________________________________
________________________________________________________________________________________________________

For Camp Use Only:  Reviewed By _______________________  Date___________
Date of screening: ____________
- Alcohol, tobacco, drugs, and firearms are prohibited and will result in the camper’s immediate dismissal from camp.
- Camp is in a natural environment, designed for young people to get a break from the pressures of the world. Please help us enforce the policy of no electronics—hand held video games, radios, MP3 players, iPods, cellular phones, pagers, DVD players, etc.
- Please make sure that all items sent to camp are free of offensive logos, illegal substances or inappropriate messages.
- Please call to obtain permission before bringing any personal sports equipment.
Iowa 4-H Camper Release Form

We take our responsibility for the welfare of your child very seriously. We prefer that campers are dropped off and picked up by parents or legal guardians; however we understand that it may be more convenient or necessary to carpool or have others transport campers. We need to make sure that the person picking up your child does so with your authorization. Even if you are the person dropping off and picking up your child, we need you to complete this form and send it back to us. **We will request a photo ID and match it to the names on the Camper Release Form. Please plan to bring your Drivers License with you when picking up campers.** We trust that you understand that this precaution is for the safety of the campers. Thank you for your time and consideration.

<table>
<thead>
<tr>
<th>Camper: _______________________________</th>
<th>Camp Session attending: _______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>I, __________________________________, (Printed parent's/guardian's name) give permission for my child to be released from camp to the following adults (18 years of age or older):</td>
<td></td>
</tr>
<tr>
<td>• __________________________________</td>
<td>__________________________________________________</td>
</tr>
<tr>
<td>Name as it appears on driver’s license</td>
<td>Relation to Camper</td>
</tr>
<tr>
<td>• __________________________________</td>
<td>__________________________________________________</td>
</tr>
<tr>
<td>Name as it appears on driver’s license</td>
<td>Relation to Camper</td>
</tr>
<tr>
<td>• __________________________________</td>
<td>__________________________________________________</td>
</tr>
<tr>
<td>Name as it appears on driver’s license</td>
<td>Relation to Camper</td>
</tr>
</tbody>
</table>

Parent/guardian signature: _______________________________ Date: ________________

**FOR CAMP USE ONLY ON CLOSING DAY**

I am picking up the above named child from the 4-H camp program and assuming full responsibility for him/her.

<table>
<thead>
<tr>
<th>Name: _______________________________</th>
<th>Signature: _______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name as it appears on driver’s license</td>
<td></td>
</tr>
</tbody>
</table>

Released by: _______________________________ Date: _______________________________
Directions to the Iowa 4-H Center—Madrid, Iowa

1991 Peach Avenue, Madrid, IA 50156  515-795-3338
www.extension.iastate.edu/4hcenter

Directions from Ames to Iowa 4-H Center
1. Proceed west of Ames on Highway 30 to Highway 17. Go south to Luther.
2. Turn west on E57 for 2.6 miles to Peach Avenue. Go south two miles following the road to the 4-H Center.

Directions from Ogden to Iowa 4-H Center
1. Proceed south of Ogden 5 miles on Highway 169 to County Road E57.
2. Turn east on E57. Turn south at Peach Avenue (the first intersection east of the Des Moines River). Follow the road to the 4-H Center.

Directions from Des Moines to Iowa 4-H Center
1. Proceed north and west from Des Moines about 30 miles on Highway 141 and Highway 17 to Luther.
2. Turn west on E57 for 2.6 miles to Peach Avenue. Go south two miles following the road to the 4-H Center.

Directions from Adel to Iowa 4-H Center
1. Proceed north on Highway 169 to County Road E57.
2. Turn east on E57. Turn south at Peach Avenue (the first intersection east of the Des Moines River). Follow the road to the 4-H Center.