



Dear Camp Spirit 2014 Parent,

Thank you for your interest in Camp Spirit! We know that it will be a wonderful event and we're excited that your child is going to be a part of it!

The following is a list of the enclosed forms that must be completed for all campers:

- Physician Health Form
- Physician Authorization Form
- Camp Kitaki Health History Form
- Camper Medication Form
- Consent and Release Form
- Packing List & Directions to Camp *(Note: No flip flops, only for showering, bring sturdy tennis shoes)*

Please complete all of the above-mentioned forms and return to the Arthritis Foundation **by as soon as possible, or by May 30th at the latest**. Please be aware that a doctor's visit is not usually required in order to have the Physician Health & Authorization Form signed, as long as they have seen your child within the last six months. Contact your doctor to find out the procedure they would like you to follow.

You may email the forms to Jennifer Keeler at the Arthritis Foundation at: jkeeler@arthritis.org. If emailing please mention "Camp Spirit Forms" in the subject. To fax please send to (515) 278-2603 with attention to Camp Spirit.

Please note that camper check-in will take place from 4:00pm-4:30pm on Sunday, June 15th and check-out will be on Saturday, June 21nd at 10:00am-10:30am. Please be sure to be on time!

If you have any questions, feel free to contact me at 515-278-0636 (ex # 6) or e-mail at jkeeler@arthritis.org. I look forward to seeing you in June!

Sincerely,

Jennifer Keeler, Program Coordinator
Arthritis Foundation

**CAMP SPIRIT 2014
PHYSICIAN'S AUTHORIZATION**

***Please Note:** If any medication changes occur between the time of submission of this form and date camp begins, a written notification by your physician of the changes must be provided to our camp nurses at check-in or to the Arthritis Foundation if prior to camp.

***Camper Name: (please print)** _____ **Age:** _____

***Examining Physician name: (please print)** _____

***Physician Phone: (_____)** _____

*** Clinic Name:** _____

***Address:** _____ **City** _____ **State** _____ **ZIP** _____

Physician Notes:

I have examined the person herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in camp activities, except as noted above.

***Examining Physician signature:** _____ **Date:** ____/____/____

*****Parents/Guardians: this form to be returned to the Arthritis Foundation prior to camp. Please retain a copy to bring to Camp Spirit check in.**

Jennifer Keeler
Arthritis Foundation
Program Coordinator
Arthritis Foundation
jkeeler@arthritis.org
515-278-0636

***Camp Spirit Directions:** - Please write "See Medication Form" under Medication section on this form*



YMCA Camp Kitaki Health History Form

This form must be filled out completely and signed by camper's parent/guardian and camper or adult staff member

Camper's Name: _____ Camp: Junior Senior Session(s): _____
LAST FIRST M.I.
 Social Security #: _____ Birthdate: ____/____/____ Age: _____
 Summer Leadership
 Ranch Niobrara Backpacking
 Adv Ranch Adventure
 Please circle: MALE FEMALE # of summers at camp: _____
 Parent(s)/Guardian(s): _____
 Home Address: _____ Phone: _____
STREET & NUMBER CITY/STATE ZIP
 Business Address: _____ Phone: _____
STREET & NUMBER CITY/STATE ZIP
 Emergency Contact (other than parent): _____ Relation to camper: _____
 Home Address: _____ Phone: _____
STREET & NUMBER CITY/STATE ZIP
 Business Address: _____ Phone: _____
STREET & NUMBER CITY/STATE ZIP

Do you carry medical/dental insurance? No Yes Carrier name: _____ Policy #: _____

GENERAL MEDICAL HISTORY (Explain "yes" answers below):

Has/does the participant:	Yes	No	Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	6. Have diabetes?	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	7. Have asthma?	<input type="checkbox"/>
3. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	8. Have problems with sleepwalking?	<input type="checkbox"/>
4. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	9. If female, have an abnormal menstrual history?	<input type="checkbox"/>
5. Have any skin problems?	<input type="checkbox"/>	<input type="checkbox"/>	10. Ever had professional help for emotional difficulties?	<input type="checkbox"/>

Please explain any "yes" answers, noting the number of the question (or attach additional paper if necessary): _____

HEALTH HISTORY: Frequent ear infections <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ Heart defect/disease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ Bleeding/clotting disorders <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ Hypertension <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ Mononucleosis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ Diseases: Chicken Pox <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ Measles/German Measles <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ Mumps <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ Hepatitis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ Allergies: Hay Fever <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ Insect Stings <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ Penicillin <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ Other Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ Other: _____ _____ _____	Name of Dentist/Orthodontist: _____ Phone #: _____ Name of Family Physician: _____ Phone #: _____																								
	*RESTRICTIONS Explain any restrictions to activities (e.g. what cannot be done, what adaptations or limitations are necessary): _____ _____ Special Dietary Restrictions <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach information</i> Additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware: _____ _____ _____	IMMUNIZATIONS Please give date for most recent immunization: <table border="1"> <thead> <tr> <th>Vaccine</th> <th>Date</th> <th>Vaccine</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>DPT</td> <td>_____</td> <td>Rubella</td> <td>_____</td> </tr> <tr> <td>TD (Tetanus/diphtheria)</td> <td>_____</td> <td>Homophiles influenza B</td> <td>_____</td> </tr> <tr> <td>Tetanus</td> <td>_____</td> <td>Hepatitis</td> <td>_____</td> </tr> <tr> <td>Polio</td> <td>_____</td> <td>Date of last TB Mantoux test</td> <td>_____</td> </tr> <tr> <td>Measles</td> <td>_____</td> <td>Result: _____</td> <td></td> </tr> </tbody> </table>	Vaccine	Date	Vaccine	Date	DPT	_____	Rubella	_____	TD (Tetanus/diphtheria)	_____	Homophiles influenza B	_____	Tetanus	_____	Hepatitis	_____	Polio	_____	Date of last TB Mantoux test	_____	Measles	_____	Result: _____
Vaccine	Date	Vaccine	Date																						
DPT	_____	Rubella	_____																						
TD (Tetanus/diphtheria)	_____	Homophiles influenza B	_____																						
Tetanus	_____	Hepatitis	_____																						
Polio	_____	Date of last TB Mantoux test	_____																						
Measles	_____	Result: _____																							

MEDICATIONS Please list all medications, including non-prescription drugs, taken routinely. See parent handbook for instructions if bringing medications to camp.

This person takes no medications on a routine basis
 This person takes medications as follows: _____
 (See Camper Medication Form)

I give permission for camp staff to administer non-prescription medications as needed:
 Yes, with the following exceptions: _____
 No, I do not give permission

IMPORTANT—THIS BOX MUST BE COMPLETED AND SIGNED BY PARENT AND CAMPER FOR ATTENDANCE

This health history is correct as far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted. Under Nebraska Law, an equine professional is not liable for an injury to or the death of a participant in equine activities from the inherent risks of equine activities pursuant to the Nebraska Equine Activity Statute. Authorization for Treatment: I hereby give permission to the medical personnel selected by the Camp to order X-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp to secure and administer treatment, including hospitalization, for my child named above. I understand the YMCA does not carry health and accident insurance and that I, as Guardian, will be responsible for any bills incurred. I also give permission for YMCA Camp Kitaki to transport my child off the camp property for the purpose of medical care and program activities. Camp Kitaki has my permission to use any photographs or videos of my child in promotional material. The completed forms may be photocopied for trips out of camp.

X Signature of Parent/Guardian or staff _____ Date: _____
 *I also understand and agree with the information provided and to abide with the restrictions placed on my camp activities.
 X Signature of minor camper _____ Date: _____



CAMP SPIRIT 2014

CAMPER MEDICATION INFORMATION

PLEASE READ BEFORE FILLING OUT MEDICATION FORM ON NEXT PAGE

Medication Form Instructions:

- 1) Please note that camp is a weeklong. Please send enough medication for seven days. This will provide extra medicine in case some pills are dropped or lost. Remember to include any “as needed” medications such as antacids if your child uses them.
 - 2) **All medicines must be sent to camp in their original pharmacy containers with current dosing information.** In order to protect your child, we cannot give your child unlabeled, unidentified medications. **Please make sure all bottles are labeled with the camper’s name!**
 - 3) **Note: Please bring a small box or plastic container to hold your child’s medication.**
(Please label the box with their name)
-
- 4) When you bring your child to camp check in, we will collect the medications and you will have an opportunity to speak with the camp nurse. Medications will be kept by the camp nurse in Camp Spirit’s very own nurses’ station and dispensed at appropriate times by the nurse or assistant nurse. We will review your child’s medication schedule at camp check-in.
 - 5) If any medication changes occur between the time of submission of this form and the date camp begins, a written notification by your physician of the changes must be provided to Jennifer to update your camper’s form. *(If the changes occur very close to camp please provide the notification to the camp nurse at check-in.)*

**CAMP SPIRIT 2014
CONSENT & RELEASE FORM**

The undersigned parent or legal guardian of the child identified below hereby consents to my child's/ward's attendance at and participation in Camp Spirit, June 15– June 21, 2014, which will be held at Camp Kitaki. My child/ward is in sufficiently good health to attend Camp Spirit. I will transport my child/ward to the camp on June 15, 2014 and will pick up my child/ward from the camp at 10 a.m. on June 21, 2014, unless other arrangements have been made.

I hereby release, on behalf of myself, my child/ward, any other parent or legal guardian of my child/ward, and all other persons that may have a potential claim, the Arthritis Foundation, Heartland Region, Arthritis Foundation, National Office (including all other chapters thereof), Camp Kitaki, and their respective chapters, directors, officers, employees, agents, representatives, and volunteers from any and all liability relating to, or arising out of, or in connection with, Camp Spirit and/or my child's/ward's attendance and/or participation in Camp Spirit.

I hereby consent to medical diagnosis and/or treatment of my child/ward which is deemed necessary by licensed medical personnel in association with Camp Spirit. My child/ward has had all required childhood immunizations. I realize only minimal medical supplies will be available at Camp Spirit, and **I will provide a sufficient supply of all medications ordinarily used by my child/ward, in their original manufacturers or prescription containers, which will be delivered to the medical personnel at Camp Spirit upon my child's/ward's arrival at Camp Spirit.**

I hereby consent to the use of my child's/ward's name, picture, voice and/ likeness or any artwork she/he creates at Camp Spirit for use by the Arthritis Foundation for promotion, education, commercial and/or non-commercial purposes.

Name of Child: *(please print)* _____

_____ _____
Date *Signature of Parent/Legal Guardian*

Printed Name of Parent/Legal Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Mobile #: _____

E-mail Address: _____

In case of emergency, and parent/legal guardian is unavailable, contact:

Name: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Pager/Mobile #: _____

**Please be sure to notify this person you have listed them as an emergency contact.*

Child T-Shirt Size (please select one) : Youth size : __YS __YM __YL __YXL

Adult Size : __S __M __L __XL __XXL



CAMP SPIRIT 2014 PACKING LIST

Special Instructions & Need to Know Info

- **Help your camper pack their bag;** it can be an uncomfortable feeling being in a new place and not knowing where to find your belongings. This also helps campers recognize items they brought during lost and found times.
- **Send old items** or clothes/shoes you don't mind getting dirty or lost (not new/valuable items)
- **Laundry:** Campers should bring enough clothes to last their entire stay. Laundry facilities are not available for general use. We will clean clothes in the event of unforeseen accidents.
- **Lost and Found:** Camp Kitaki, or Camp Spirit, is not responsible for loss or theft of articles. Campers are encouraged not to bring valuable items to camp.

WHAT TO BRING

- _ Laundry Bag
 - _ Shampoo
 - _ Soap
 - _ Comb/Brush
 - _ Toothbrush & Paste
 - _ Towels (pool & bath)
 - _ Washcloth

 - _ Shorts
 - _ Jeans (required for horseback riding)
 - _ Shirts
 - _ Socks/Underwear (daily change)
 - _ Sweatshirt or Jacket
 - _ Sleepwear

 - _ Tennis Shoes (Please bring shoes that offer good support)
 - _ Shower Sandals (flip flops only allowed for showers)
 - _ Sleeping Bag or Blankets & Sheets
 - _ Pillow & Case

 - _ Raincoat or Poncho
 - _ Swimsuit
 - _ Sunscreen
 - _ Insect Repellent
 - _ Hat
 - _ Pencil
- *Label everything with first & last name!!!***

USEFUL ITEMS TO BRING

- _ Flashlight
 - _ Water Bottle
 - _ Sunglasses
 - _ Favorite Stuffed Animal
 - _ Family Photo
 - _ Camera (disposable works well)
 - _ Book or Journal
- *Label everything with first & last name!!!***

WHAT NOT TO BRING

- *These items are NOT allowed!***
- Cellular Phones
 - CD Players, headsets, etc...
 - Hair dryers
 - Expensive jewelry/watches
 - Guns of any kind
 - Curling Irons/Straighteners
 - iPods/MP3 Players
 - Tobacco, alcohol or drugs in any form
 - Computers or TVs of any size
 - Electronic Games/Portable DVD
 - Fireworks
 - Knives of any kind
 - Fans (cabins are air conditioned)

CAMP SPIRIT 2014

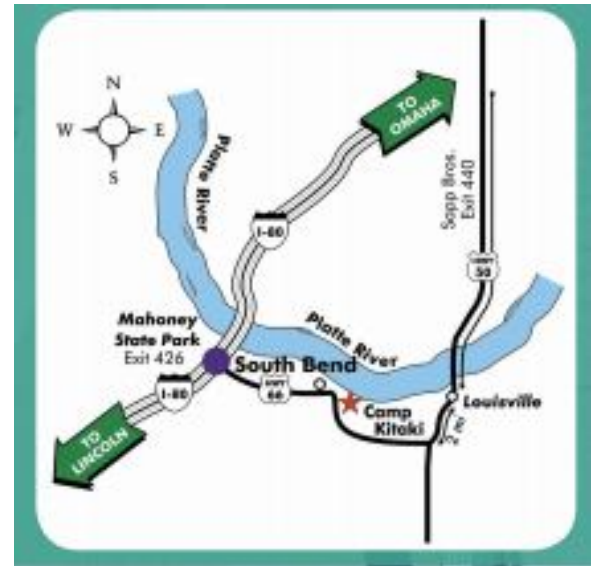
DIRECTIONS & INFORMATION

Camp Location

***Camp Kitaki is located between Lincoln & Omaha, 5 miles east of I-80, Mahoney State Park Exit 426.**

***From Lincoln:** Head east on I-80 and get off at exit 426. Turn right and follow Highway 66 through the town of South Bend. Approximately one mile past South Bend, the camp entrance is on the left.

***From Omaha:** Head west on I-80 and get off at exit 426. Turn left and follow Highway 66 through the town of South Bend. Approximately one mile past South Bend, the camp entrance is on the left.



CHECK IN – 4:00pm-4:30pm on June 15th

CHECK OUT – 10:00am on June 21st

Need to Know Information

- **Health & Safety**– The best way to treat injuries is to prevent them. Kitaki staff members are selected for their maturity and good judgment and are trained to make good choices. Kitaki is reviewed regularly by the Health Department and American Camp Association.
- **Camp Spirit Health & Safety** – Camp Spirit is staffed with an amazing team of healthcare professional and volunteers who will be onsite to assist in making a safe and fun week for your child. Campers stay in temperature controlled lodges and all activities and accommodations are accessible by foot, wheelchair and van. Staff for the week long session includes Arthritis Foundation Staff, volunteers and medical professionals who are selected based on their experience in working with kids with chronic diseases.

NOTE: A *Camp Kitaki Parent Guide* will be sent with a registration confirmation in April.

- **This guide will help to answer any questions you may have about activities, health & safety, meals, arriving at camp, etc.**

You can visit the Camp Kitaki website for more information

<http://www.ymcalincoln.org/kitaki/>