



Dear Camp Spirit 2013 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 31st 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 6 months. Contact your doctor to find out the procedure they would like you to follow.

You may mail, email, or fax the forms to the Arthritis Foundation at: 1025 Ashworth Rd, Ste 505, West Des Moines, IA 50265. If emailing please mention "Camp Spirit Forms" in the subject and send to [jlacroix@arthritis.org](mailto:jlacroix@arthritis.org). 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 16<sup>th</sup> and check-out will be on Saturday, June 22<sup>nd</sup> 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 [jlacroix@arthritis.org](mailto:jlacroix@arthritis.org). I look forward to seeing you in June!

Sincerely,

Jessica LaCroix  
Program Director  
Arthritis Foundation



**CAMP SPIRIT 2013  
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:**

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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.**

**Jessica LaCroix**  
Arthritis Foundation  
Program Director  
Arthritis Foundation  
[jlacroix@arthritis.org](mailto:jlacroix@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:**

	Yes	No	Date
Frequent ear infections	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart defect/disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bleeding/clotting disorders	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Diseases:</b>			
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____
Measles/German Measles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Allergies:</b>			
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
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  No  Yes *If yes, please attach information*  
 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:

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.

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.  
 Signature of minor camper \_\_\_\_\_ Date: \_\_\_\_\_




## **CAMP SPIRIT 2013**

### **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)*
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- 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 the Jessica 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 2013  
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 16 – June 22, 2013, 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 16, 2013 and will pick up my child/ward from the camp at 10 a.m. on June 22, 2013, 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.***

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**Child T-Shirt Size (please select one) : Youth size :** \_\_YS \_\_YM \_\_YL \_\_YXL

**Adult Size :** \_\_S \_\_M \_\_L \_\_XL \_\_XXL



# CAMP SPIRIT 2013 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 2013

## DIRECTIONS & INFORMATION

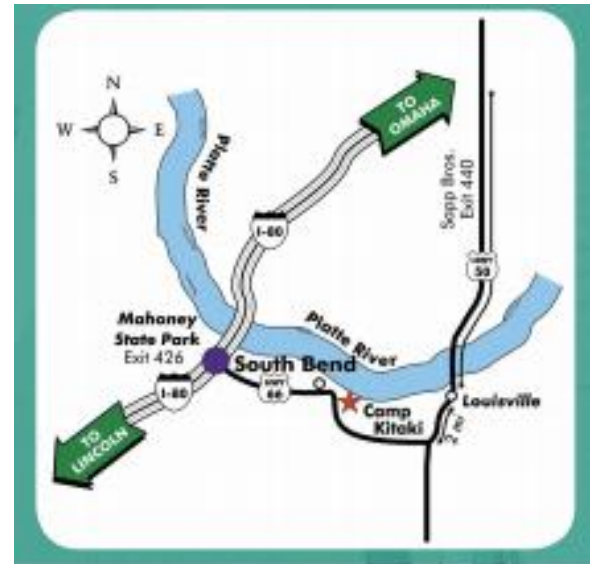
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### Camp Location

**\*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 16th**

**CHECK OUT – 10:00am on June 22nd**

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### 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.ymc.lincoln.org/kitaki/>