

Dear Parents,

All of the forms included in this packet must be completed and returned to Camp Fern prior to the start of Camp. Sending your forms **at least 2 weeks prior** to the start of the session will expedite your check-in on opening day.

All forms must be **filled out completely each year** for each camper. Forms from previous years may not be used. (even if the information is the same).

The Health Certificate must be completed, signed by the Doctor, the parent, and the child prior to camp. **NO EXCEPTIONS!**

If you have any questions, please give us a call, we would love to speak with you.

Thank you,
The Camp Fern Staff

Forms enclosed:

Camper Application
Camper Information Sheet
Health Form Checklist
Health Form
Permission Form

2012

INFO@CAMPFERN.COM



CAMP FERN
INFORMATION SHEET FOR
PARENTS TO KEEP
 1046 CAMP ROAD
 MARSHALL, TEXAS 75672-1411
 MARGARET LEE, OWNER



PHONE 903.935.5420

FAX 903.935.6372

SESSION	AGES	DATES	RATES
Girls - 4 weeks	Grades 1 - 10	Sunday, June 3 - Saturday, June 30	\$3475.00 + \$100 Store account CA's \$1740.00)
Girls - 2 weeks	Grades 1 - 10	Sunday, June 3 - Saturday, June 16	\$2150.00 + \$50 Store account
Girls - 2 weeks	Grades 1 - 10	Sunday, June 17 - Saturday, June 30	\$2150.00 + \$50 Store account
Boys - 4 weeks	Grades 1 - 10	Sunday, July 1 - Saturday, July 28	\$3475.00 + \$100 Store account
Boys - 2 weeks	Grades 1 - 10	Sunday, July 1 - Saturday, July 14	\$2150.00 + \$50 Store account
Boys - 2 weeks	Grades 1 - 10	Sunday, July 15 - Saturday, July 28	\$2150.00 + \$50 Store account
Coed - 2 weeks	Grades 1 - 8	Sunday, July 29 - Saturday, Aug 11	\$2150.00 + \$50 Store account
Coed - 1 week	Grades 1 - 8	Sunday, July 29 - Saturday, Aug 4	\$1200.00
Coed - 1 week	Grades 1 - 8	Sunday, Aug 5 - Saturday, Aug 11	\$1200.00

RATES

Tuition includes room, board, all activities (except crafts), laundry, 40 minute DVD of the entire summer, green address booklet and pocket money for most camp trips.

No refund is made for withdrawal because of homesickness. Full pro rata refund will be made only for special health reasons. Your registration fee will be refunded if your plans change, providing notice of withdrawal is received by the camp on or before **March 1 for all sessions.**

STORE ACCOUNT

A store fee is billed with the camp fee and is expected to cover the incidental personal expenses of the camper, e.g. stamps, toilet articles, etc. **Refunds of the unused portion of this deposit (or overages if they exist) will be made at checkout on closing day.** We request that no cash be given or sent to campers while at camp. Camper needs are fulfilled through the store account. **Additional charges handled through the store account include:**

- 1) MD visit by CF physician at camp, \$10
- 2) Transportation charge to MD or dentist visit: \$10 to Marshall; \$20 to Longview
- 3) Medication charges, cost of meds
- 4) Emails, \$1 each
- 5) Materials for crafts class, cost of materials
- 6) For those taking Red Cross Lifeguarding, \$100;
- 7) **OPTIONAL:** riflery and archery medals can be purchased.
- 8) Shipment of trunk, \$100

MEDICAL EXAMINATION

An initial medical examination is required of all campers and counselors. A certificate for this examination will be mailed to campers about one month or more prior to camp. **Before a camper enters camp, the following must be in the camp office:**

- 1) Health certificate with signed medical release
- 2) Copy of insurance card (both sides)
- 3) Current Immunization record
- 4) Signature of parent or legal guardian AND CAMPER
- 5) Check up by physician within 2 months of camp- with physician signature

It will be the responsibility of the parent to pay for any medical costs incurred during the camp session.

TRANSPORTATION

If your child is to arrive by plane or bus, notify camp of the time of arrival by card or letter. Pickup or delivery of campers at the Shreveport or Longview (or Marshall) airport will carry a charge of \$20 (\$10) per trip. Tickets home may be deposited at camp, and we will see that campers get on plane or bus, and both parents are notified of their time of arrival home. If luggage will arrive separately from the camper, please send it by UPS. No charge for baggage pickup unless a special trip is involved.

FOOD

Camp Fern serves nutritious, well-rounded meals. Gum, soft drinks and candy are not allowed aside from what Fern offers. (There are no food products in the Camp Fern store.) **Please do not send such items through the mail; they will not be delivered to campers.**

TWO WEEK AND FOUR WEEK CAMP NECESSITIES

NECESSARY EQUIPMENT

- 2 sets single sheets *
- 2 pillow cases
- 1 pillow
- 1 blanket
- 2 laundry bags
- 6 bath towels & (opt) washcloths
- 1 drinking cup
- flashlight
- shampoo, soap, toothbrush & toothpaste
- 1 footlocker, **maximum height 15"**

*Campers subject to enuresis (bedwetting) should bring 4 sets of single sheets.

NECESSARY CLOTHING

- 2 bathing suits
- 3 sleepwear (girls)
- socks and underwear
- 4 pair long pants for riding or hiking
- 2 sets-white or **khaki** shorts; white shirts for Sundays
- 1 raincoat or poncho
- sweater or jacket
- shoes: 1 pr. flip flops or Aqua Socks
- 1 pr. tennis shoes, broken in
- 1 pr. hard sole shoes or boots for riding
- shorts & shirts - no more than 10 changes for 2 week coed term; 14 for 4 week terms; excluding jeans and whites.

ONE WEEK CAMP NECESSITIES

NECESSARY EQUIPMENT

- 1 set of single sheets *
- 1 pillow case
- 1 pillow
- 1 blanket
- 1 laundry bags
- 3 bath towels & (opt) washcloths
- 1 drinking cup
- flashlight
- shampoo, soap, toothbrush & paste
- 1 footlocker, **maximum height 15"**

*Campers subject to enuresis (bedwetting) should bring 3 sets of single sheets.

NECESSARY CLOTHING

- 2 bathing suits
- 3 sleepwear (girls)
- socks and underwear
- 2 pair long pants for riding or hiking
- 1 raincoat or poncho
- sweater or jacket
- shoes: 1 pr. flip flops or Aqua Socks
- 1 pr. tennis shoes, broken in
- 1 pr. hard sole shoes or boots for riding
- shorts & shirts - no more than 10 changes

OPTIONAL EQUIPMENT: clip-on-fan (1 per person), stamps, extension cord, mattress pad, hair dryer, tennis racket, musical instrument, hard hat for riding, costumes, sleeping bag, film camera, film, fishing equipment, radio, walkman.

DO NOT BRING: GLOW STICKS, COMPUTERS, CELL PHONES, IPODS W/ VIDEO CAPABILITIES, DIGITAL CAMERAS AND GAME BOYS

REGISTRATION FEE CANNOT BE REFUNDED AFTER:
MARCH 1 FOR ALL SESSIONS

2012

PHONE 903.935.5420



CAMP FERN APPLICATION 1046 CAMP ROAD MARSHALL, TEXAS 75672-1411 MARGARET LEE, OWNER



INFO@CAMPFERN.COM

FAX 903.935.6372

SESSION DATES 2012 FREE DVD OF SUMMER INCLUDED

Table with 4 columns: Session Type, Dates, and Price. Rows include Girls - 4 weeks, Girls - 2 weeks, Boys - 4 weeks, Boys - 2 weeks, Coed - 2 weeks, Coed - 1 week.

We'd love a current Photograph! It helps us identify you!

Form for camper information: CAMPER'S NAME (LAST, FIRST, MIDDLE), NAME CALLED, HOME ADDRESS (STREET OR BOX #, CITY, STATE, ZIP), PHONE NUMBER, CAMPER EMAIL ADDRESS, CHURCH AFFILIATION, BIRTHDAY, AGE IN JUNE, GRADE COMPLETED IN JUNE, NAME OF SCHOOL.

Form for parent information: PARENTS' NAMES, IF EITHER PARENT ATTENDED FERN, DOES CAMPER LIVE WITH BOTH PARENTS?, OTHER CHILDREN IN FAMILY AND AGES, FATHER'S OCCUPATION, MOTHER'S OCCUPATION, FATHER'S PREFERRED EMAIL, MOTHER'S PREFERRED EMAIL, FATHER'S BUSINESS PHONE, MOTHER'S BUSINESS PHONE, FATHER'S CELL PHONE, MOTHER'S CELL PHONE, TO WHOM SHOULD BILLING BE SENT, ADDRESS (STREET OR BOX #, CITY, STATE, ZIP), WHAT DOES CAMPER WISH TO GET OUT OF CAMP?, WHAT ARE THE PARENTS' OBJECTIVES?, SPECIAL FOOD OR DIETARY ISSUES?, SPECIAL CABIN REQUESTS?, FROM WHOM DID YOU HEAR OF CAMP FERN (NAME & ADDRESS)?, IS CAMPER RECEIVING COUNSELING (CURRENTLY OR RECENTLY)?, IF YES, GIVE NAME AND ADDRESS OF PROFESSIONAL.

IN CASE OF SURGICAL EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA OR SURGERY FOR MY CHILD, AS NAMED ABOVE. SIGNATURE OF PARENT DATE (THIS PERMISSION IS REQUIRED BEFORE ADMITTING A CHILD TO FERN.)

- TO REGISTER: 1. FILL OUT APPLICATION, MARK SESSION ATTENDING. 2. ENCLOSE \$200 REGISTRATION FEE, (UNLESS PAID PREVIOUSLY). MAKE CHECK PAYABLE TO CAMP FERN. 3. REGISTRATION FEE CANNOT BE REFUNDED AFTER: MARCH 1 FOR ALL SESSIONS THE BALANCE OF PAYMENTS IS DUE APRIL 1, FOR GIRLS; MAY 1, FOR BOYS & COED



Girls Camp Permission Form

Campers Name: _____

I give my permission for my child to participate in the special activities checked "Yes": A blank equals a "No"

JUMPING : **Yes** **No**

Our horseback riding program is so designed that only campers who are considered qualified by the riding department head to participate in jumping are allowed to do so. All jumping is done only under strict supervision, and with the use of safety equipment, such as jumping helmets. **WARNING:** Under Texas law (Chapter 87, civil practice and remedies code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

TRAMPOLINE: **Yes** **No**

All jumping is done only under staff supervision with safety a primary consideration.

BAREFOOT SKIING: **Yes** **No**

At the discretion of the skiing instructors, depending upon skier's slalom ability and other skills.

LIFEGUARDING : **Yes** **No**

For those who qualify, Red Cross Lifeguarding course is offered. (must be at least 15 years old)
THERE IS AN EXTRA CHARGE FOR THIS COURSE NOT TO EXCEED \$100.00 for materials which the camper keeps.

RIFLERY/ARCHERY MEDALS: **Yes** **No**

For those who earn riflery & archery pins, certificates are given. **MEDALS CAN BE PURCHASED** through the store. Riflery - \$5.00/ Archery - \$3.00

Photographs and Videotapes: **Yes** **No**

TAKING OF PHOTOGRAPHS, VIDEOTAPES, & INTERVIEWS OF CAMPER, & I AGREE THAT SUCH PHOTOGRAPHS, VIDEOTAPES, OR INTERVIEWS MAY BE PUBLISHED & USED FOR ADVERTISING, PROMOTION, PUBLICITY, OR RECREATIONAL VIEWING BY PARENTS, OTHER CAMPERS & THEIR FAMILIES & OTHER PERSONS, IN PUBLICATIONS & INTERNET WEB SITES RELATED TO CAMP FERN.

Trips: **Yes** **No**

To leave camp property on any supervised Camp Fern sponsored trip.

Other Activities: (not all activities available for all sessions)
Please check any activity in which you DO NOT want your child to participate.

- | | | | | |
|-------------------------------------|---|---|--|--------------------------------------|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Water Skiing | <input type="checkbox"/> Wakeboarding | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Blob | <input type="checkbox"/> Ski Bob | <input type="checkbox"/> Knee Board | <input type="checkbox"/> Paddleboard | <input type="checkbox"/> Kayaking |
| <input type="checkbox"/> Wake Skate | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Ropes.Challenge Course | <input type="checkbox"/> Archery | <input type="checkbox"/> Riflery |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Golf | <input type="checkbox"/> Nature/Campcraft | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Fishing | <input type="checkbox"/> Indian Lore |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Backpacking | <input type="checkbox"/> Overnight Camping | | |

PARENTS' SIGNATURE: _____ **DATE:** _____

CABIN REQUESTS

Please list friends you would like to be with, **in order of preference**, in your cabin. This is confidential.

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____



Health Form Checklist

The following **must be** completed and returned, before admitting your child to Camp Fern. **NO EXCEPTIONS!**

(Check each line as you complete it)

Health Form Page 1

____ Copy of Insurance Card

____ Parent Signature

____ Camper Signature

Health Form Page 3

____ Immunization Record

____ Parent Signature

Health Form Page 4

____ Licensed Physician Signature



Mail completed form
at least 10 days prior to camp to
1046 Camp Rd.
Marshall, TX 75672

Health History and Examination Form

This part to be filled out by PARENT

Name: Last First Middle Session: Birth date:

Parent or Guardian: Home Phone:

Home Address:

Business Address:

Business Phone: Other Phone #s:

Second Parent or Guardian or Emergency Contact:

Home Address:

Business Address:

Home Phone: Other Phone #s:

Alternate Emergency Contact: Relationship:

Home Address:

Home Phone: Other Phone #s:

Insurance Information:
Is camper covered by family medical/hospital insurance? Yes No
If so, please include a copy of the card front and back for our records.
Name of card holder: Relationship to camper:
Pharmacy Card? Yes No
If so, please include a copy of the card front and back for our records.

Important: This box must be completed for attendance

Permission to Provide Necessary Treatment or Emergency Care
I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering X-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event 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 the person named above. This completed form may be photocopied for trips out of camp.
Signature of Parent/Guardian: Date:
Print Name:

I also understand and agree to abide by any restrictions placed on my participation in camp activities.
Signature of Minor Camper: Date:

Health History - To be filled out by PARENT

The following information must be filled in by the parent/guardian of camper. The intent of this information is to provide the camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon camper's arrival in camp. Provide complete information so that the camp can be aware of your needs.

ALLERGIES - List all known.

Describe reaction and management of reaction.

Medication Allergies (List)

Food Allergies (List)

Other Allergies (List)

Medications Being Taken

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough prescription medication to last the entire time at camp. Keep in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis.

This person takes medications as follows:
Med #1 _____ Dosage _____ Specific times taken _____
Reason for taking: _____
Med #2 _____ Dosage _____ Specific times taken _____
Reason for taking: _____
Med #3 _____ Dosage _____ Specific times taken _____
Reason for taking: _____
Attach additional pages for more medications.
Identify any meds taken during school year that camper does/may NOT take during the summer: _____

Explain any restrictions to activity (i.e. what cannot be done, what limitations are necessary)

General Questions (Explain "yes" answers below.)

Has/does participant:	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	___	___	21. Have diabetes?	___	___
2. Have a chronic or recurring illness/condition?	___	___	22. Have asthma?	___	___
3. Been hospitalized?	___	___	23. Had mononucleosis in the past 2 months?	___	___
4. Had surgery?	___	___	24. Had problems with diarrhea, constipation?	___	___
5. Have frequent headaches?	___	___	25. Have problems with sleepwalking?	___	___
6. Ever had a head injury?	___	___	26. If female, have an abnormal menstrual history?	___	___
7. Been knocked unconscious?	___	___	Has she been told about menstruation?	___	___
8. Wear glasses, contacts or protective eyewear?	___	___	27. Have a history of bedwetting?	___	___
9. Had frequent ear infections?	___	___	28. Ever had an eating disorder?	___	___
10. Passed out during or after exercise?	___	___	29. An operation or serious injury?	___	___
11. Been diagnosed with heart murmur?	___	___	30. Ever had emotional difficulties from which		
12. Had seizures?	___	___	professional help was sought?	___	___
13. Have kidney trouble?	___	___	31. Have fainting spells?	___	___
14. Have frequent sore throats?	___	___	32. Have frequent stomach upsets?	___	___
15. Had sinusitis?	___	___	33. Had serious Ivy/Oak?Sumac poisoning?	___	___
16. Had abscessed ears?	___	___	34. Had Measles?	___	___
17. Had ruptured ear drums?	___	___	35. Had Chicken Pox?	___	___
18. Have recurrent bronchitis?	___	___	36. Had German Measles?	___	___
19. Have an orthodontic appliance brought to camp?	___	___	37. Had Mumps?	___	___
20. Have any skin problems? (itching, rash, acne)	___	___	38. Had Hepatitis?	___	___

Please explain "Yes" answers, noting the number of the question(s).

Please give all dates of immunization for: (or attach immunization record)

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DPT	_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____	_____	_____	_____
Tetanus (booster)	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____	_____
Measles Booster	_____	_____	_____	_____	_____	_____
Haemophilus influenza B	_____	_____	_____	_____	_____	_____
Hepatitis A	_____	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____	_____
Hepatitis C	_____	_____	_____	_____	_____	_____
Varicella (chicken pox)	_____	_____	_____	_____	_____	_____
BCG	_____	_____	_____	_____	_____	_____
TB Mantoux Text	Date last test: _____		Results: _____			

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware: _____

Name of Family Physician: _____ Phone: _____
 City State: _____

Name of Family Dentist/Orthodontist: _____ Phone: _____
 City State: _____

<p>Parent/Guardian Authorization: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted:</p>		
<p>Signed: _____</p>	<p>Printed: _____</p>	<p>Date: _____</p>

Health Care Recommendations by Licensed Physician

I have examined this camp participant on (give date): _____

BP _____ Weight _____ Height: _____

In my opinion the above applicant (is) (is not) able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions:

Current treatment at the time of this report includes:

Recommendations and Restrictions While At Camp


Treatment to be continued while at camp:

Medications to be administered at camp (name, dosage, frequency)

Known Allergies:

Description on any restrictions or limitations on camp activities:

Additional information for health care staff at camp:

 **Signature of Licensed Physician:** _____

Printed Name: _____ Title: _____

City, State: _____ Phone: _____

Date: _____