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## PIANKATANK PALS Day Camp

Dear Parents,

We received your camp registration and we are delighted you are sending your little one to day camp. We know they are going to have an amazing time making new friends, swimming, climbing the rock wall, learning about God, and much more. Along with this letter you will find a *Health History form* and a *Camper Confidentiality form*. Please bring the forms with you to camp when you arrive on the first day.

The following information will help you prepare your child for day camp each day. Please pay careful attention to the underlined items that you will need to pack for your camper.

**Check-In:** Day Camp will begin at 9:00 a.m. (We will not be able to accept children before 9:00 a.m. unless you make special arrangements with us ahead of time) If for some reason you are going to be late please call and let us know.

**Check-Out:** Day campers will need to be picked up at 4:00 pm. Please call us if you are going to be late.

**Lunch:** Please pack your child something to eat for lunch. We will also provide a small snack at 2:00 p.m.

**Pictures:** After many requests we now have an online photo service (link at [www.camppiankatank.org](http://www.camppiankatank.org)) where you may view and purchase photos of activities at camp. To comply with the Children's Online Privacy Protection Act this is a password protected system only viewable to our camper's families with a pre-approval code given to parents at camper check-in. If you still wish for your child's photos not to appear on this site such request must be made in writing.

**Swimming:** Each day campers will swim in our swimming pool for one hour. A certified lifeguard will be on duty at the pool. Please pack your camper a bathing suit, towel, sunscreen, and any flotation devices they might need.

**Waterfront:** On **Tuesday** and **Thursday** campers will go to the waterfront and canoe with a counselor. Campers will be required to wear a life jacket (PFD), Camp Piankatank has PFDs the campers can wear. Please pack water shoes, (preferably ones that will not fall off easily) and a PFD if your child has a special one he/she prefers to wear.

**Rock Climbing Wall:** On **Monday** and **Wednesday** campers will get a chance to climb the rock climbing wall if they choose. Please pack tennis shoes for climbing the wall.

Thank you for sending your child to day camp. Please be assured that at Camp Piankatank we do everything to make sure campers have a safe and fun experience. All the staff at Camp Piankatank are certified in CPR and First Aid and above all they have a love for Christ and want to share that love with the campers. Please call us if you have any questions. If after one week your child loved coming here, please ask about availability for another week.

See you soon,  
Niki Gourley  
Co-Director  
(804)776-9552



# CAMP PLANKATANK

## Health History and Examination Form

Directions:

- 1) This form is required for camp attendance and must be updated yearly.
- 2) This form includes 5 pages. You must turn in all pages.
- 3) There are two mandatory signatures on this form, marked by a double asterisk (\*\*), this includes the permission to provide treatment statement, and the parent/guardian authorization; additionally if information from a doctor's physical is not available the medical waiver on page 5 must be signed.
- 4) To help us out immensely please staple or paper clip these forms in numerical order when they are turned in
- 5) DO NOT MAIL ANY PART OF THESE FORMS TO THE CAMP BEFORE ARRIVAL. PLEASE BRING THEM WHEN YOU ARRIVE FOR CAMP. This is not a registration form this is the health form for use by those already registered.

### CAMPER INFORMATION

Camp Attending \_\_\_\_\_ Dates \_\_\_\_\_

Camper Name \_\_\_\_\_ Birth date \_\_\_\_\_  
*First Middle Last*

Home Address \_\_\_\_\_  
City State Zip

Parent(s) E-mail address \_\_\_\_\_ Gender  Male  Female

Age at camp \_\_\_\_\_ Camper's Weight \_\_\_\_\_ Camper's Height \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Custodial parent/guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
(If different from above) City State Zip

Second parent/guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
(If different from above) City State Zip

### EMERGENCY CONTACT

If parents are not available in an emergency, notify:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Home Address \_\_\_\_\_  
City State Zip

**Security Information**

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Who will be picking up your child at the end of the camp session? \_\_\_\_\_  
Relationship to the camper: \_\_\_\_\_

If the person picking up the camper changes please notify the camp director via e-mail or phone.

**PERMISSION TO PROVIDE TREATMENT**

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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 treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/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.

**Parent/Guardian Signature Required for camp attendance.**

\*\*Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**INSURANCE INFORMATION**

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Is the camper covered by family medical/hospital insurance? \_\_\_ Yes \_\_\_ No  
If so, Indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_  
Carrier Address \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Social Security number of policy holder or insurance ID number \_\_\_\_\_

**ALLERGIES**

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No known allergies.

**List all known.**

**Describe reaction and management of the reaction**

Medication Allergies

\_\_\_\_\_

\_\_\_\_\_

Food Allergies

\_\_\_\_\_

\_\_\_\_\_

Other Allergies: Include Insect stings, hay fever, asthma, animal dander, etc.

\_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS**

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This person takes no prescribed or over the counter medications.

**Please list ALL medications that should be taken at Camp, including over the counter medications.**

Medicine # 1 \_\_\_\_\_ Dosage \_\_\_\_\_ Times taken each day \_\_\_\_\_

At what time of the day is this medication taken \_\_\_\_\_

Reason for taking \_\_\_\_\_

Medicine # 2 \_\_\_\_\_ Dosage \_\_\_\_\_ Times taken each day \_\_\_\_\_

At what time of the day is this medication taken \_\_\_\_\_

Reason for taking \_\_\_\_\_

**Attach additional pages for more medications**



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.

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**PARENT/GUARDIAN AUTHORIZATIONS**

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Parent/Guardian Authorizations: All the information has been filled out correctly as far as I know, and the camper described has permission to engage in all camp activities except as noted. I understand that my child's participation in activities at camp is completely voluntary. I recognize that certain hazards and dangers are inherent in Camp activities and particularly, but not limited to, the activities of swimming, sailing, camping out, target archery, canoeing, challenge course, zip-line, v-swing, rock wall climbing, and recreational activities and games. I also acknowledge that although Camp Piankatank has taken safety measures to minimize the risk of injury to camp participants, Camp Piankatank cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I have instructed my child the importance of abiding by the Camp's rules and regulations that are set in place to keep participants safe.

Parent/Guardian Signature Required for camp attendance.

\*\*Signed \_\_\_\_\_ Printed \_\_\_\_\_ Date \_\_\_\_\_

(Form continued to page 5 of health form, page #7)

**EXAMINATION FORM**

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If a camper has had a physical within 2 years of the camp date, have a Physician sign this examination form. If a physical examination has not occurred in the past two years, one is required before the camper attends camp. Parents may choose to waive this request if the parent medical waive section is signed (see below).

**Health Care Recommendations by Licensed Medical Personnel:**

I have examined the camp participant, \_\_\_\_\_ Date of last examination \_\_\_\_\_

BP \_\_\_\_\_ Weight \_\_\_\_\_ Name \_\_\_\_\_ Height \_\_\_\_\_

In my opinion, the above participant \_\_\_ is \_\_\_ is not able to participate in an active camp program

**Recommendations and Restrictions at camp by Licensed Mediical Personnel:**

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**Signature of Licensed Medical Personnel** \_\_\_\_\_

Printed \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

**PARENT MEDICAL WAIVE**

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**Signing this waiver is required if information from a doctor's physical from the past 24 months and/or doctor's signature/stamp is not available.**

I waive the request that my child be examined by Licensed Medical Personnel. I am willing to make the statement that \_\_\_\_\_ is in good health and has no physical conditions that would limit participation in any camp activity. I understand that the camp will not be liable in the event that the statement proves to be incorrect.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

# CAMP PLANKATANK



## CONFIDENTIAL CAMPER INFORMATION FROM PARENT

We would like to have the following information to help us get to know your camper better and ensure that he/she has the best experience possible while at camp. All the information is confidential and used only for guidance.

CAMP SESSION ATTENDING \_\_\_\_\_ DATES \_\_\_\_\_

CAMPER'S NAME \_\_\_\_\_  
Last Middle First

AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

HAS CAMPER ATTENDED CAMP BEFORE? \_\_\_\_\_ IF SO, HOW MANY TIMES \_\_\_\_\_

CHURCH NAME (IF APPLICABLE) \_\_\_\_\_

PASTOR'S NAME \_\_\_\_\_

WHAT ARE SOME OF YOUR CAMPERS PRIMARY INTERESTS?

WHAT ARE SOME THINGS YOU WOULD LIKE YOUR CAMPER TO LEARN AT CAMP?

DOES YOUR CAMPER HAVE ANY FEARS OR BEHAVIORIAL ISSUES WE SHOULD BE AWARE OF?

OTHER INFORMATION THAT WOULD HELP US HELP YOUR CAMPER HAVE A WONDERFUL TIME AT CAMP? i.e Difficulty making friends or difficulty going to sleep.

WILL YOU PERMIT YOUR CAMPER TO BE PHOTOGRAPHED FOR PUBLICITY PURPOSES (2011 camp brochure or ads)?  Yes  NO

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

# DIRECTIONS TO CAMP PIANKATANK



## **From Richmond:**

Take I-64 East to exit 220. From exit 220 follow Rt. 33 through West Point to Glenss. At Glenss, follow Rt. 33 to the left to Saluda. Continue to follow Rt. 33 by turning right to go through Saluda, and then take another right to continue to the community of Hartfield. In Hartfield, bear right on Rt. 3 East towards Gloucester. Follow Rt. 3 for 1 mile. Turn right onto Rt. 630 or Stamper's Bay Road. The camp is located ½ mile on the right. Look for our sign.

## **From Hampton Roads:**

Take Rt. 17 North over the Coleman Bridge into Gloucester County. There is a \$2.00 toll at the Coleman Bridge. Continue on Rt. 17 North to the City of Gloucester. Take Rt. 3 West from Rt. 17 North in Gloucester. Continue on Rt. 3 over the Piankatank River Bridge into Middlesex County. After crossing the Piankatank River Bridge, continue on Rt. 3 for about 3 miles. Turn left onto Rt. 630 or Stamper's Bay Road. The camp is located ½ mile on the right. Look for our sign.

## **From Fredericksburg:**

Take Rt. 17 South to the town of Saluda. Turn left onto Rt. 33 and follow it through Saluda to the community of Hartfield. Bear right onto Rt. 3 East at the fork in the road and follow it for about 1 mile. Turn right onto Rt. 630 or Stamper's Bay Road. The camp is located ½ mile on the right. Look for our sign.

**Warning:** Some GPS systems and online map services like MapQuest do not recognize our address or give you incorrect directions.