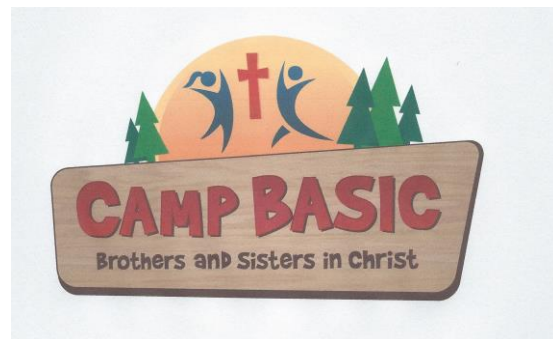


# Camp BASIC 2021

BROTHERS AND SISTERS IN CHRIST



## Dear Camper and Parents/Guardians,

Hello from Camp BASIC. Camp BASIC 2021 looks like it will be an exciting week – we hope you can join us for the fun and fellowship.

### When is Camp?

The dates for Camp BASIC 2021 are: Week 1: MONDAY, June 21<sup>st</sup> – SATURDAY, June 26<sup>th</sup>  
Week 2: SUNDAY, June 27<sup>th</sup> – FRIDAY, July 2<sup>nd</sup>

Check in is between 11 a.m. and 1 p.m. on the 21<sup>st</sup>/27<sup>th</sup> and checkout and departure is at 10 a.m. on the 26<sup>th</sup>/2<sup>nd</sup>. You have your choice of which week you would like, on a first come, first serve basis.

### Where is camp?

Camp BASIC is held at Wyalusing State Park near Prairie du Chien, WI, in the Hugh Harper Indoor Group Camp facility. You are responsible for transportation to and from camp.

### Who is eligible for camp?

Camp BASIC welcomes campers 10 years of age and older. Please keep in mind that Camp BASIC is staffed with volunteers and designed for persons with mild to moderate developmental disability, who are ambulatory. Please consider that camp activities require some strength and stamina. Campers need to participate in activities. Campers should be able to walk independently and have independent toileting and feeding skills. Our camp counselors are volunteers, primarily young people, who may not be experienced in giving personal care such as when a camper has toileting accidents on a regular basis. Our camp also has no laundry facilities. Campers that require wheelchairs or assistance with toileting may apply, but will be accepted dependent on available volunteers to help with those needs. If a camper is requiring more assistance at camp than indicated on the application, the caregiver will be notified and may be asked to pick up the camper. *Camp BASIC reserves the right not to accept a camper if the camp staff feels they will not be able to satisfactorily meet the camper's needs.*

### How much does camp cost?

The fee for this year will be **\$400.00**. A **\$200.00** deposit fee is due with the application. **The balance of the fee is due on the first day of Camp.** If the cost of camp is a hardship, a request for a scholarship application for the remaining amount can be submitted with the registration form.

### What if I have questions?

Additional information and forms can be found on our website at [www.campbasic.com](http://www.campbasic.com).

If you have any questions, please don't hesitate to call Betty Pries, Treasurer at 920-285-1727, or

Camp Director for week 1: Aaron Punke – 414-305-5026 / [pepper3038@msn.com](mailto:pepper3038@msn.com)

Camp Directors for week 2: Andrea Schlei – 507-648-3335 / [amschlei@hotmail.com](mailto:amschlei@hotmail.com)

Curt Backlund – 920-397-0843 / [curt.backlund@gmail.com](mailto:curt.backlund@gmail.com)

### I'm interested in Camp BASIC. What's next?

Fill out the Camper Registration Packet. Because we expect Camp BASIC to fill up, **RETURNING CAMPERS** have an early registration deadline. In order to assure a spot, please have your Camper Registration Packet returned by **March 15, 2021**. Starting March 16, 2021, we will open up remaining spots to new campers. All Camper Registration Packets are to be submitted to Camp BASIC by **April 15, 2021**.

**Please make sure all pages of the forms are filled out completely and signed.** Please mark the week you wish to attend and return the Registration Packet, with the \$200.00 deposit **payable to Camp BASIC** to:

**Betty Pries, Treasurer**

**2151 N. Connies Ct.**

**Appleton, WI 54914**

Campers will be notified by letter or email about their status of acceptance.

Please keep Camp BASIC in your prayers. Camp BASIC will always appreciate donations from individuals or organizations. They may be sent to **Betty Pries**, at the above address.

## General Packet Information

Please fill out the Camper Registration Packet completely. If the information is not applicable to the camper, write N/A in the space provided. We would encourage you to attach any extra information you feel may assist us in providing the best care possible.

After you have completed all questions and gathered all required signatures, please mail the packet to Camp BASIC. **We request that the Camper Registration Packet be returned by March 15 for returning campers, and by April 15 for all campers including new campers.** CAMPERS MUST HAVE COMPLETED, SIGNED FORMS IN ORDER TO ATTEND CAMP. No exceptions will be made.

## Medical and Medication Information

The Medical and Medication Information must be filled out completely. Please be aware that Camp BASIC may not have trained medical professionals on staff. In the absence of a licensed nurse, Camp Directors will pass out medications and PRNs. For this reason it is very important that all medical information is complete and instructions for medication are clear. **If a significant medication change, health condition or surgery occurs in the month prior to Camp, please call the Director prior to Camp to discuss how the change may impact the camper's experience at Camp. The director will notify the camp nurse of these changes before camp.**

In the event of a medical emergency or an illness, the Camper will be taken to Prairie du Chien Memorial Hospital. Some members of Camp staff will be certified in Basic First Aid and CPR.

Medications will ONLY be accepted in original containers from the pharmacy or **pharmacy prepared blister/bubble** packs for safety and ease of administration. **Camp staff cannot give out unidentified medication.** Nurses/staff will NOT accept home fill baggies or envelopes or pill minders. Liquids and powders can be sent in original containers with current administration instructions on pharmacy label. As needed medications will be accepted either in blister/bubble packages or ORIGINAL pill bottles with current administration instructions. Expiration date must be current. *Please note that as needed medications can only be given with permission!* We do carry some products. See the medical care section of the application. Please provide list of medication at time of application. We realize this may change by camp, but having a general idea early will help us plan.

***What if I'm not sure or bubble packs are hard to get in our area? Maybe one of our nurses can help! Check the appropriate box on the camp form (under MEDICAL CARE) and one of our nurses will be in touch!***

**Please complete and return the camper information packet as soon as possible.**

We pray that God continues to bless you and we hope to see you at Camp BASIC 2021!

**Yours in Christ,**  
Camp BASIC Directors

# 2021 CAMP BASIC CAMPER REGISTRATION PACKET

**\*\*\*NOTE: Date changes for 2021\*\*\***

**Please select your week:**

**Week 1: June 21-June 26, 2021 (Monday-Saturday)**

**Week 2: June 27-July 2, 2021 (Sunday-Friday)**

**Either Week**

Camper name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Nickname: \_\_\_\_\_

First time camper:  Yes  No If no, what year were you last at Camp BASIC? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

**T-shirt size:**  Small  Medium  Large  XL  XXL  3XL

Is the camper their own guardian?  Yes  No

Camper lives:  Independently  With family  With foster family  Group home  Residential facility

**Name of residential facility or agency (If applicable)** \_\_\_\_\_

**Agency contact:** \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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

Email address \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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

Email address \_\_\_\_\_

Where should correspondence be sent?  Camper  Guardian  Agency listed above

Should correspondence be sent via:  Mail  Email

**Additional emergency contacts:**

1. Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Day phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Day phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_

For emergency purposes, ALL Campers MUST complete this section.

Medical assistance number: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

Primary medical doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**MEDICAL CARE:**

I have a medical concern regarding camp and wish to be contacted by one of the nurses.

Primary diagnosis: \_\_\_\_\_

Secondary diagnosis: \_\_\_\_\_

Cognitive ability/developmental delay: Mild Moderate Severe developmental delay

**Allergies:** None Food Drug Environmental Other

List & describe reaction: \_\_\_\_\_  
\_\_\_\_\_

**Seizure disorders:**

No seizures Seizures, Description: \_\_\_\_\_

Seizure frequency: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

At what point do we call EMS for seizure related activity? \_\_\_\_\_

Does someone need to be contacted if camper has a seizure? \_\_\_\_\_

**Diabetes:** Is the camper diabetic? Yes No Normal blood sugar range: \_\_\_\_\_

How frequently must blood sugars be checked at camp? \_\_\_\_\_

**Other health history:**

- |  |   |
|--|---|
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Recent surgery       |
| <input type="checkbox"/> Chronic or recurring illness                          | <input type="checkbox"/> Skin disorder        |
| <input type="checkbox"/> Shortness of breath                                   | <input type="checkbox"/> Stomach problems     |
| <input type="checkbox"/> Bleeding/clotting disorders                           | <b>Other:</b>                                 |
| <input type="checkbox"/> Heart problems (heart failure, abnormal rhythm)       | <input type="checkbox"/> Wears glasses        |
| <input type="checkbox"/> Heat related problems (Camp has no air conditioning.) | <input type="checkbox"/> Wears hearing aides  |
| <input type="checkbox"/> High blood pressure                                   | <input type="checkbox"/> Wears dentures       |
| <input type="checkbox"/> Joint problems  | <input type="checkbox"/> Uses a CPAP or BIPAP |

**Explain:** \_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS:**

Does the camper take medications? Yes No

**All medications must be bubble/blister packed** as indicated in the attached letter:

- I understand the medication bubble pack guidelines and will have no trouble complying.
- I am confused by the new bubble pack guidelines and wish to be contacted by the nurse.
- It will be difficult for me to obtain bubble packs and wish to be contacted by the nurse.

***Please attach copy of current med list or fill out provided form at the end of this packet. We realize it may change, but this aids preparations!***

**Permission to use over the counter (OTC) medication provided by Camp:**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Acetaminophen/Tylenol | <input type="checkbox"/> Yes <input type="checkbox"/> No Antidiarrheal                                      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Ibuprofen             | <input type="checkbox"/> Yes <input type="checkbox"/> No Stool softener                                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Decongestant          | <input type="checkbox"/> Yes <input type="checkbox"/> No Antibiotic ointment                                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Antihistamine         | <input type="checkbox"/> Yes <input type="checkbox"/> No Hydrocortisone / Anti-Itch cream, gel, or ointment |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Cough syrup/drops     | <input type="checkbox"/> Yes <input type="checkbox"/> No Sunscreen  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Antacid               | <input type="checkbox"/> Yes <input type="checkbox"/> No Sunburn cream, gel, or ointment                    |

Permission is given to use these additional OTC drugs: \_\_\_\_\_

***Please provide instructions below if different from OTC label instructions.***

***If the camper/camper's family prefers a brand name, please bring it with you to camp.***

If the camper frequently experiences any of the following, please check the box and describe how these are best treated.

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Headaches    | <input type="checkbox"/> Stomach aches |
| <input type="checkbox"/> Earaches     | <input type="checkbox"/> Nausea        |
| <input type="checkbox"/> Dizziness    | <input type="checkbox"/> Constipation  |
| <input type="checkbox"/> Over fatigue | <input type="checkbox"/> Diarrhea      |
| <input type="checkbox"/> Homesickness | <input type="checkbox"/> Nightmares    |

Any additional information: \_\_\_\_\_  
\_\_\_\_\_

**RELIGIOUS BACKGROUND:**

Church affiliation:  WELS  ELS  Other: \_\_\_\_\_

Name of church: \_\_\_\_\_ Pastor's name: \_\_\_\_\_

Is camper baptized:  Yes  No Is camper confirmed:  Yes  No

Does camper attend church services regularly?  Yes  No

Does/has camper attend religious instruction class?  Yes  No

If yes, please describe type (Sunday school, Confirmation class, Bible study, etc.)

**MOBILITY:**

Can the camper walk:  Unaided  With physical assistance  Walker/cane

Walking speed:  Slow  Medium  Fast

Wheelchair needed for long distances?  No  Yes--Please bring. Camp does not provide one.

Any additional information: \_\_\_\_\_

**SPEECH & COMMUNICATION:**

Verbal  Non-verbal Able to read?  Yes  No Able to write?  Yes  No

If speech is severely limited, how does the camper communicate? \_\_\_\_\_

Commonly used signs/gestures: \_\_\_\_\_

**PERSONAL HYGIENE:**

Showers independently  Needs verbal cues  Needs total assistance showering  Needs shower chair

Needs assistance with:  Shampooing hair  Washing body  Adjusting water temp  Brushing teeth

Shaving  Menstrual Care

Comments: \_\_\_\_\_

**DRESSING:**

Dresses/undresses independently  Needs partial assistance  Needs total assistance

Can put on:  Underwear  Socks  Shirt  Pants Can:  Button  Snap  Zip  Tie shoes

Comments: \_\_\_\_\_

**SLEEP PATTERNS:**

Sleeps through night:  Yes  No, explain \_\_\_\_\_

**BATHROOM USE:**

Uses toilet independently  Needs reminders  Needs help wiping

Uses incontinent briefs:  All day  Nights only

If camper requires incontinent briefs, please provide an adequate supply for the time they will be at Camp.

Has toileting schedule. Explain schedule: \_\_\_\_\_

How does he/she communicate when they need to use the restroom? \_\_\_\_\_

Comments: \_\_\_\_\_

**BEHAVIOR:**

Activity level:

- Has typical attention span for length of an activity [or]  Has a short attention span/is easily distracted
- Is underactive (needs motivation to participate) [or]  Is overactive (needs help calming to participate)

Please describe how you manage his/her activity level, encourage him/her to participate, etc.

BEHAVIOR	NEVER	SELDOM	OFTEN	EXPLAIN/DETAILS
Stubborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-abusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Uses inappropriate words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Yelling/disruptive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Describe approaches to be used with difficult behavior. (Camp staff is not specifically trained to deal with challenging behaviors. If this is an area of concern for an individual, please contact the Camp director.):

What typically triggers challenging behaviors? \_\_\_\_\_

**LEISURE TIME ACTIVITIES:** (What does the camper do for fun at home or like best about camp?)

Hobbies/interests: \_\_\_\_\_

What are some favorite outdoor activities? \_\_\_\_\_

What are some favorite indoor activities? \_\_\_\_\_

Does the camper enjoy:

- Crafts/coloring  Singing  Dancing  Nature  Outdoor games  Puzzles
- Board games \_\_\_\_\_  Card games \_\_\_\_\_

Swimming:  Independent  Uses life vest  Does not swim

Can use the waterslide?  Yes  No

Does not swim but prefers to:  Dangles toes  Observes others  Would not like being near water

Any activities the camper should **not participate** in or fears? \_\_\_\_\_

**MEALTIME:** Staff will make every effort to adhere to diets. However, they may not be able to keep strict diets. If there are special requirements, please send food with camper.

Diet:  Regular  Restrictions

(explain): \_\_\_\_\_

If sugar is restricted, is it:  None at all  Limited  Controlled

If controlled, please explain: \_\_\_\_\_

May the camper deviate from their diet, or portions of it, during camp?  Yes  No

If yes, specify: \_\_\_\_\_

Food dislikes: \_\_\_\_\_

Eats independently  Needs food cut  Needs total assistance

Has difficulty with choking or swallowing \_\_\_\_\_

May the camper have seconds within reason?  Yes  No

May the camper drink coffee?  Regular  Decaf

**Please include any additional information you feel will aid us in caring for your camper.**

# MEDICATION FORM

or attach printed form

Camper administers his or her own medications at home? Yes No

Please list **ALL** medications (including over-the-counter or non-prescription drugs) taken routinely. Our routine schedule for med administration is 8 a.m., noon, 5 p.m., and 8 p.m.

Please inform us if there is a specific time to administer meds. Please **bring enough medication to last the entire Camp week.**

MEDICATIONS MUST BE BROUGHT TO CAMP IN ORIGINAL CONTAINERS FROM THE PHARMACY OR BLISTER/BUBBLE PACKS, which clearly identify content, dose, and frequency. Medications will be dispensed by Camp staff who may not be licensed or trained medical personnel.

MEDICATION NAME	DOSAGE	FREQUENCY	TIMES
Example: Dilantin chewable	2 – 50 mg tabs.	4 times a day	8 a.m., Noon, 5 p.m., 8 p.m.

## RELEASES TO BE SIGNED BY THE CAMPER'S GUARDIAN

Releases **must be signed** by the camper's guardian (or the camper if they are their own guardian). If the releases are not signed, the camper will not be permitted to attend camp.

### PERMISSION TO ATTEND CAMP BASIC

Camper name: \_\_\_\_\_

I grant permission for my son/daughter/ward to attend Camp BASIC. I also give permission for Camp staff to dispense medication to my Camper as detailed in the Camper Registration Packet or communicated to them at the time of the Camper's arrival at Camp BASIC. I understand that there may not be licensed and trained medical professionals on staff at Camp BASIC.

Signature (parent or guardian): \_\_\_\_\_

Printed: \_\_\_\_\_ Date: \_\_\_\_\_

### AUTHORIZATION FOR TREATMENT / RELEASE OF LIABILITY

Camper name: \_\_\_\_\_

To the best of my knowledge, the health information is correct and complete. The person herein described has permission to engage in all camp activities, unless noted otherwise. Authorization for treatment: I hereby give permission to the medical personnel selected by Camp BASIC to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me or the camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp BASIC to secure and administer treatment, including hospitalization, for the person named above.

While camp staff strives to reduce risks to participants, accidents can and do occur. I understand there is risk in camp activities that are beyond Camp BASIC's control. (In view of the current legal atmosphere, we must inform you that potential accidents at camp may include, but may not be limited to: blisters, insect stings, sunburn, sprains, cuts, bruises, dislocations, fractures, concussion, spinal cord damage or even death.) I agree to personally assume such risks and release Camp BASIC or WELS or other agencies from all liability for injury sustained during camp.

Signature (parent or guardian): \_\_\_\_\_

Printed: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTO / PUBLIC RELATIONS CONSENT AND RELEASE

Camper name: \_\_\_\_\_

I understand that WELS Special Ministries and Camp BASIC may wish to use my/my camper's name, photograph and/or stories with its work and that it needs appropriate consent to do so. Pictures may be taken for the purpose of sharing with the group, for sharing with area churches, the community and on the respective webpages. I hereby give my permission to Camp BASIC and WELS Special Ministries to use for volunteer recruitment, fundraising and other communications purposes, photographs, films or audio recordings concerning myself/my camper. I hereby warrant that I have the full power to give this consent to sign this release.

Signature (parent or guardian): \_\_\_\_\_

Printed: \_\_\_\_\_ Date: \_\_\_\_\_