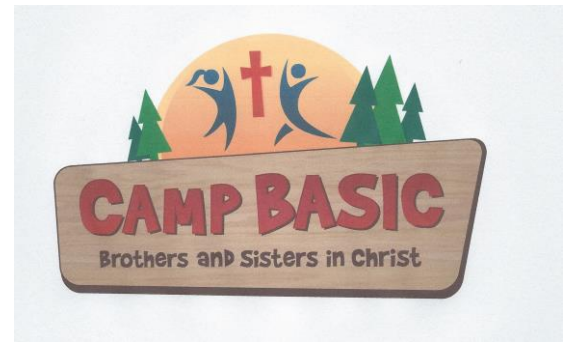


# Camp BASIC 2022

BROTHERS AND SISTERS IN CHRIST



## Dear Camper and Parents/Guardians,

Hello from Camp BASIC. Camp BASIC 2022 looks like it will be an exciting week – we hope you can join us for the fun and fellowship.

## When is Camp?

**PLEASE NOTE: CAMP BASIC dates for 2022 are later than usual due to new reservation requirements at the campground. Camp starts on *Monday, June 20 for Week 1 and Sunday, June 26 for Week 2.***

The dates for Camp BASIC 2022 are: Week 1: Monday, June 20<sup>th</sup> - Saturday, June 25<sup>th</sup>

Week 2: Sunday, June 26<sup>th</sup> - Friday, July 1<sup>st</sup>

Check in is between 11 a.m. and 1 p.m. on the 20<sup>th</sup>/26<sup>th</sup> and checkout and departure is at 10 a.m. on the 25<sup>th</sup>/1<sup>st</sup>. You have your choice of which week you would like to attend, 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 camper scholarship for the remaining amount can be submitted with the camper application 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 other questions, please contact one of the camp directors:

Week 1: Director: Aaron Punke – 414-305-5026 / [aaron.punke@rmlhs.net](mailto:aaron.punke@rmlhs.net)

Week 2: Director: Andrea Schlei – 507-587-8368 / [amschlei@hotmail.com](mailto:amschlei@hotmail.com)

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

Fill out the Camper Application Form. Because it is possible that Camp BASIC will fill up, **RETURNING CAMPERS** have an early deadline. To assure a spot, please have your Camper Application Form returned by **March 15, 2022**. Starting March 16, 2022, we will open remaining spots to new campers. All Camper Application Forms are to be submitted to Camp BASIC by **April 15, 2022**.

### **General Camper Application Form Information**

Please fill out the Camper Application Form 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 Camper Application Form to Camp BASIC. **We request that the Camper Application Form be returned by March 15 for returning campers, and by April 15 for new campers.** CAMPERS MUST HAVE COMPLETED, SIGNED FORMS IN ORDER TO ATTEND CAMP. No exceptions will be made.

**Please make sure all pages of the Camper Application Form are filled out completely and signed.** Please mark the week you wish to attend, include the \$200.00 deposit payable to **Camp Basic**, and return the Camper Application Form to:

**Timothy Mackey, Treasurer  
34 La Crescenta Circle  
Madison, WI 53716**

### **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, one of the camp directors will pass out medications. 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 camp director prior to camp to discuss how the change may impact the camper's experience at camp. The camp director will notify the camp nurse of these changes before camp.**

In the event of an illness or medical emergency, the camper will be taken to Crossing Rivers Health Emergency and Urgent Care in Prairie du Chien. 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 filled 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 a list of medications on your application. We realize this may change by camp but having a general idea early will help us plan.

***If you have any questions or concerns about blister/bubble packs, check the appropriate box under MEDICATIONS on the Camper Application Form and one of our nurses will contact you.***

**We look forward to receiving your application!** Camp Directors will send an informational letter to all registered campers in May.

Please keep Camp BASIC in your prayers. Camp BASIC always appreciate donations from individuals or organizations. They may be sent to our Treasurer at the address above.

We pray that God continues to bless you and we hope to see you at Camp BASIC 2022!

**Yours in Christ,**

Aaron Punke and Andrea Schlei  
Camp BASIC Directors

# CAMP BASIC 2022

# CAMPER APPLICATION FORM

Please select your week:  Week 1: June 20-25, 2022

Week 2: June 26-July 1, 2022

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 (circle): Male Female

**T-shirt size** (please circle size): **Small Medium Large XL XXL 3XL**

Is the camper their own guardian?  Yes  No

Camper lives (circle): 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: (\_\_\_\_) \_\_\_\_\_

**INSURANCE INFORMATION: (or attach copy)**

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

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

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

Health Care/Advanced Directives that medical personnel should be aware of: \_\_\_\_\_

\_\_\_\_\_

**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.)  
\_\_\_\_\_

**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? \_\_\_\_\_

**Current Health:** If any are frequently occurring, please describe how best treated.

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

Please describe how best treated: \_\_\_\_\_

**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                           |   |
| <input type="checkbox"/> Heart problems (heart failure, abnormal rhythm)       | <b>Other:</b>                                 |
| <input type="checkbox"/> Heat related problems (Camp has no air conditioning.) | <input type="checkbox"/> Uses a CPAP or BIPAP |
| <input type="checkbox"/> High blood pressure                                   | <input type="checkbox"/> Wears glasses        |
| <input type="checkbox"/> Joint problems  | <input type="checkbox"/> Wears dentures       |

**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 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 BASIC:**

- |  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Acetaminophen/Tylenol   | <input type="checkbox"/> Yes <input type="checkbox"/> No Cough syrup/drops   |
| <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 Ibuprofen               | <input type="checkbox"/> Yes <input type="checkbox"/> No Stool softener      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Antihistamine           | <input type="checkbox"/> Yes <input type="checkbox"/> No Antacid             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Hydrocortisone ointment | <input type="checkbox"/> Yes <input type="checkbox"/> No Antidiarrheal       |

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

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

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

**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  Can use waterslide  Does not swim

Does not swim but likes 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 medication 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.

Camper's name: \_\_\_\_\_

### **AUTHORIZATION FOR TREATMENT**

The participant listed has my permission to engage in all camp activities, unless noted otherwise. To the best of my knowledge, the health information is correct and complete. I take responsibility for informing staff of any changes in the participant's health condition upon arrival at camp. I give the staff permission to administer routine medications while the camper is at camp. I understand that there may not be licensed and trained medical professionals on staff at Camp BASIC.

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.

### **RELEASE OF LIABILITY**

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, Camp BASIC volunteers, the WELS and other agencies from all liability for injury sustained during camp.

### **PHOTOGRAPH / PUBLIC RELATIONS CONSENT AND RELEASE**

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

### **\*\*Notice for 2022\*\***

Camp BASIC has plans to have a new promotional video produced in 2022. We are hoping to have the production company at camp this summer filming campers and volunteers during our activities to be included in the final video.

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

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