

# Iron County Summer Youth Camp

## CAMPER/PARENT PACKET

Welcome to the 23rd annual Iron County Summer Youth Camp!

We are glad that you will be joining us for another year of fun and excitement.

### CAMP ACTIVITIES

Since many of you may be wondering what camp is all about, here's an example of what our daily schedule will include:

6:30 a.m.	Polar bear swim, yoga, morning run
7:30 a.m.	Flag raising
8:15 a.m.	Cabin cleanup
8:45 a.m.	Service to camp
9:15 a.m.	Group activities (swimming, arts & crafts, recreation, nature, archery)
11:30 a.m.	Lunch
12:15 p.m.	Cabin time
1:00 p.m.	Group activities
4:00 p.m.	Skit planning
5:00 p.m.	Dinner
6:00 p.m.	All camp activity
8:00 p.m.	Flag lowering
8:15 p.m.	Campfire
9:15 p.m.	Late night program
10:15 p.m.	Lights out

### CAMPER FORMS

Enclosed with this letter you will find a **camper's code of conduct, health form, and camper fee invoice.** Please fill out and return **all forms and payment** to the Extension Iron County office by **FRIDAY, May 31, 2024.**

**Your child will not be allowed to board the bus or stay at camp unless these forms are completed and returned with payment to our office by this date.**



### CHECKIN/CHECKOUT REMINDER

We ask that ALL campers ride the bus to and from camp.

- Camper check-in will take place on Tuesday, July 23 at 11:30 a.m. at the Hurley School. The bus departs at 12:00 p.m.
- Please check your child in upon arrival.
- Medications will also be checked in at this time.
- Lunch will not be provided at check-in, so please be sure that your child has had lunch before hand.
- Camp is scheduled to begin at 2:30 p.m.
- Camp will be dismissed on Friday, July 26 at 12:00 p.m. Camper check-out will take place at the Hurley School at approximately 2:30 p.m.
- Please be sure that someone picks your camper up at the scheduled time.



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## PARENTAL INVOLVEMENT

We do ask that you *not* call your child unless an emergency arises. This helps us in handling cases of home sickness. In case of an emergency, please contact Neil Klemme directly at (715) 329-0441.

If you would like to follow the camp activities throughout the week, camp staff and counselors will be sharing camp photos, videos and a camp slideshow on the Iron County Summer Youth Camp Facebook page.

## CELLPHONES & OTHER VALUABLES

Please do not allow your camper to bring a cell phone to camp. We want campers to become engaged with camp activities while they are at camp. It is not necessary for them to have one because communications, in the case of emergency, can be done through Neil Klemme (phone number in listed above section). We do not want valuable items like cell phones to be lost or misplaced with another camper's belongings. There are up to thirteen youth in each cabin with belongings. Campers will be very busy traveling around the grounds

on hikes or swimming, so valuables could be lost enroute or as clothes are quickly changed. Thank you for supporting this policy.

## MEDICATIONS AT CAMP

Since we do not want campers transporting their own medications, we ask that you please arrange to drop off your child's medications in one of the following ways:

1. You or another adult can drop off your child's medications by **Friday, July 19** at the Extension Iron County office, which is located in the Iron County Courthouse, between 8:00 a.m. and 4:00 p.m.
2. Bring your child's medications to the school when you drop off your child to get on the bus on **Tuesday, July 23**. Staff will be on hand to check medications at that time.



**REMINDER:** Complete and sign all medication forms in the health packet. If your child's medication changes after you submit the health

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## Iron County Summer Youth Camp Packing List

### What to pack:

- Sleeping bag or blanket
- Mattress sheet for under sleeping bag/blanket
- Pillow
- Shoes: 2 comfortable pair, including at least one pair of sneakers for games and recreation.
- Comfortable clothes for 5 days. Be sure to include shorts, long pants, and short and long sleeved shirts.
- Jacket
- Swimming suit and beach towel
- Rain gear or rain poncho
- Towel, washcloth, soap
- Toothbrush and toothpaste
- Hairbrush or comb
- Insect repellent
- Sunscreen
- Flashlight or headlamp
- Water bottle (optional)
- Shower shoes (i.e. flip-flops) (optional)
- Plastic garbage bag for dirty clothes
- Positive attitude
- Pack extra socks and shoes in the event of wet/damp weather.
- Money for the candy/snack canteen, which will be available to campers twice a day. We suggest sending no more than \$10.



### What **NOT** to pack:

- Hand-held electronics (cell phone, iPod, MP3 player, tablet, camera, etc..)
- Food/beverages
- Jewelry
- Knives, firearms, fireworks

# Iron County Summer Youth Camp



## Information Sheet

### CAMP PURPOSE

Iron County Summer Youth Camp is a 4-H Youth Development Program. We promise it will be fun, safe, educational, and packed full of memories that can last a lifetime. Campers will have an opportunity to enjoy the outdoors, learn new skills, and participate in many new activities.

### MEALS

Please note special dietary needs in the health packet.

### GENERAL CLEAN-UP

We believe that all camp participants should be involved in camp cleanliness. Campers will be expected to take part in all aspects of camp clean up, such as maintaining clean cabins, clearing tables, or washing dishes. They will not be allowed to use harsh cleaning chemicals, as these could put camper's safety at risk.

### BATHROOM & SHOWER FACILITY

Indoor flush toilets, sinks with hot and cold water, and showers are available at camp.

### SLEEPING ARRANGEMENTS

Campers will be housed in cabins, in a small pod group. At least 1-2 staff members (depending on cabin size) will be housed in each cabin with boys and girls housed separately.

### INSECT PROTECTION

Our camp is in a wooded area near a river. Mosquitoes and ticks will be present. **Please send some insect repellent with your child and instruct them on how to use it.**

### SAFETY AND EMERGENCIES

The Registered Nurse will be on staff and available to campers at all times. If you have medical concerns, please call Neil Klemme at 715-561-2695. We will discuss emergency procedures with the campers as part of their camp orientation. Trained lifeguards will monitor all boating and swimming activities.

### CAMP STAFF

Iron County Summer Youth Camp is staffed by University of Wisconsin Extension Educator and staff, adult volunteers, trained counselors, other camp staff and a camp nurse. Teen counselors have participated in 20 hours of training prior to camp to prepare for their roles at camp. They will be supported by adult volunteers who have been screened and trained by the state 4-H program.

### QUESTIONS?

If you have any questions, call the Extension Iron County office at 715-561-2695.

**Neil Klemme**  
4-H Youth Development Educator  
Extension Iron County  
300 Taconite St., Suite 118, Hurley WI 54534

# 2024 Iron County Summer Youth Camp

## CAMPERS CODE OF CONDUCT



The following is the code of conduct for the Iron County Summer Youth Camp. **Please read it over carefully with your child.** By signing the agreement at the bottom, both you and your child are acknowledging and accepting the following expectations.

Campers are expected to:

- Attend ALL activities
- Behave appropriately at all times
- Respect the camp facilities and the personal property of others
- Be responsible for personal belongings
- Observe quiet times
- Stay with assigned groups and camp staff
- Always wear shoes
- Keep cabin area clean
- Use appropriate language at all times
- Always wear your nametag
- Follow all camp procedures
- Abide by all local, state and federal laws
- Respect the dignity, diversity of cultures, backgrounds and family customs of all individuals at camp.



*An EEO/AA employer, University of Wisconsin-Madison Division of Extension provides equal opportunities in employment and programming, including Title VI, Title IX, the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act requirements*

I have read and agree to follow the above exceptions.

*\*Do not leave this blank, both the parent and the camper must sign this form.*

\_\_\_\_\_  
Camper signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Wisconsin 4-H Camp Health Form



UW-MADISON EXTENSION

Event Name: \_\_\_\_\_

Dates: \_\_\_\_\_

**PARTICIPANT'S PERSONAL INFORMATION (please print)**

FIRST NAME:	MIDDLE INIT.:	LAST NAME:	BIRTHDATE (Mo/Day/Yr.):	SEX:	PRIMARY PHONE NUMBER:
MAILING ADDRESS STREET:			CITY:	STATE:	ZIP:
NAME OF PRIMARY PARENT/LEGAL CUSTODIAN IN CASE OF ILLNESS OR INJURY:			WORK TELEPHONE NUMBER:	CELL PHONE NUMBER:	
NAME OF SECOND PARENT/LEGAL CUSTODIAN IN CASE OF ILLNESS OR INJURY:			WORK TELEPHONE NUMBER:	CELL PHONE NUMBER:	

**PARTICIPANT'S HEALTH CARE PROVIDER INFORMATION**

HEALTH CARE PROVIDER NAME: \_\_\_\_\_

MEDICAL FACILITY NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

This participant has no known allergies.

This participant is allergic to this food(s): \_\_\_\_\_  Does this allergy cause anaphylaxis?  Yes  No

This participant is lactose intolerant.  This participant is gluten intolerant.

Other (please explain): \_\_\_\_\_

This participant is allergic to medication(s): \_\_\_\_\_  Environment (insect stings, hay fever, etc)  Other: \_\_\_\_\_

Please describe below what this participant is allergic to and the reaction seen:  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDICATION**

This participant will NOT take any prescription medications while attending camp.

This participant will take the following prescription medication(s) while attending camp. I am bringing enough medication to last the entire session and it is in the original container labeled by the pharmacy. (If more space for medications is needed, staple another page with additional medications to the end of the form.)

Name of Medication	Amount or Dose Given	Reason for Taking It	When It Is Given	How It Is Given	Emergency Medication Only Legal Guardian to initial below if camper is able to carry and self-administer (i.e inhaler, epi-pen)
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
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**MEDICAL INSURANCE INFORMATION:**

The participant is covered by family medical/hospital insurance.  Yes  No

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Insurance Company Phone Number: \_\_\_\_\_

**ASTHMA**

This participant **does NOT** have asthma.  This participant **does** have asthma.

**Asthma Triggers (check all that apply)      Signs/Symptoms of asthma episode      Frequency of episodes      How episode is managed**

<input type="checkbox"/> Exercise	<input type="checkbox"/> Colds			
<input type="checkbox"/> Infections	<input type="checkbox"/> Emotions			

Allergies (to what?)

Weather (what type?)

Other (list)

**IMMUNIZATIONS**

List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE (√) OR (X) except to answer the question about chickenpox, Tdap or Td. If you do not have an immunization record for this child at home, contact your doctor or public health department to obtain it. A copy of the child's complete immunization record from the WIR may be attached to this form <http://www.dhfs.wisconsin.gov> or from healthcare providers, state, or local government are also acceptable.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio (IPV)					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is needed only if your child has not had Chickenpox disease				Has your child had Varicella (chickenpox) disease? <input type="checkbox"/> Yes, year: _____ <input type="checkbox"/> No or Unsure (vaccine needed)	

For health reasons, this child is not fully immunized.

For personal conviction or religious reasons, this child is not fully immunized. \*Include any immunizations received above.

**RESTRICTIONS:**

I have reviewed the program and activities of the event and feel the participant can participate without restrictions.

I have reviewed the program activities of the event and feel the participant can participate with the following restrictions or adaptations (Please describe below):

**OTHER CAMPER CONSIDERATIONS**

PLEASE INDICATE ANY OTHER IMPORTANT MEDICAL CONDITIONS  
(eg. Diabetes; seizures; physical conditions; non-prescription medications not to be given; mental, emotional, or social health)

**SIGNATURE**

This health history is correct and accurately reflects the health status of the participant. The person described has permission to participate in all event activities except as noted by me or an examining physician. I give permission to the event to provide routine healthcare services, administer medications, and seek emergency services.

\_\_\_\_\_  
SIGNATURE – Parent/Guardian/Legal Custodian

\_\_\_\_\_  
DATE






# CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

## TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while participating in a University of Wisconsin – Madison Division of Extension event/camp/program, it is event/camp/program policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device must be administered by designated event/camp/program health staff with the exception that a limited amount of medication for life-threatening conditions may be carried and administered by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).

It is event/camp policy to secure your consent for medication distribution and for the use of medical devices by signing below.

Please check all that apply:

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Over-the-counter medication(s) has been brought to event/camp.	
<input type="checkbox"/>	<input type="checkbox"/>	Prescription medication(s) has been brought to event/camp. All prescription medication must be in the original medicine bottle and labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Also, information about any prescription medications must be provided in writing to event/camp health staff with the information requested in the later section of this form.	
<input type="checkbox"/>	<input type="checkbox"/>	Over-the-counter medications may be administered by event/camp health staff as needed. The following over-the-counter medications may NOT be administered by event/camp health staff:	

If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for **all of the following**. By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on this form is correct and up-to-date, and that I will provide any and all significant material, and important changes to any information in this form to event/camp staff no later than check-in.

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**Participant Name (Please Print)**

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**SIGNATURE OF PARENT OR LEGAL GUARDIAN**

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**Date**

**This is the approved health form for 4-H events and camps.**