

# Iron County Outpost Camp

## CAMPER/PARENT PACKET

Welcome to the 9th annual Iron County

**Summer Outpost 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:

7:30 a.m.	Breakfast set-up
8:00 a.m.	Breakfast
8:30 a.m.	Breakfast clean-up
8:45 a.m.	Service to camp
9:00 a.m.	All camp activity (backpacking, canoeing, biking, etc.)
11:30 a.m.	Camper's choice time (swimming, hiking, relaxing, etc.)
12:00 p.m.	Lunch set-up
12:30 p.m.	Lunch
1:00 p.m.	Lunch clean-up
1:30 p.m.	All camp activity
4:00 p.m.	Camper's choice time (swimming, hiking, relaxing, etc.)
4:30 p.m.	Dinner set-up
5:00 p.m.	Dinner
5:30 p.m.	Dinner clean-up
6:00 p.m.	Leadership activity
8:00 p.m.	Campfire
9:00 p.m.	Camper's down time
10:30 p.m.	Lights out



### CAMPER FORMS

Enclosed with this letter you will find a **CAMPER'S CODE OF CONDUCT, HEALTH FORM, AND A REGISTRATION INVOICE** (If you haven't paid camper registration fees).

*Please fill out and return **ALL THREE FORMS to the Extension Iron County Office, with payment, by Friday, May 31.*** Your child will not be allowed to board the bus or stay at camp unless these forms are completed and returned to our office by this date.

### CHECK-IN/CHECK-OUT REMINDER

Check-in will be from 12:00 p.m. on Tuesday, July 9 at the Hurley School and 1:00 p.m. at the Mercer School. If you are willing to drive other campers or need transportation, please contact the Extension Iron County office.

Camper check-out will take place at the Mercer School on Friday, July 12 around 12:00 p.m. and at the Hurley School around 1:00 p.m.

If you are unable to pick up your child, please contact the Extension Iron County office so we can make arrangements.



**Extension**  
UNIVERSITY OF WISCONSIN-MADISON  
IRON COUNTY

# Iron County Summer Outpost Camp



## 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 drop off your child's medications **before Monday, July 8** at the Extension Iron County office, which is in the Iron County Courthouse, between 8:00 a.m. and 4:00 p.m.
2. Drop off your child's medication during check-in at 12:00 a.m. at the Hurley School or at 1:00 a.m. at the Mercer School.

**REMINDER:** Complete and sign all medication forms in the health packet. If your child's medication changes after you submit the health form, please write a note with your signature to confirm the change.

## PARENTAL INVOLVEMENT

Parents will be able to track their child's activities on Facebook, as camp staff shares photos throughout the week. Search for **Iron County Summer Youth Camp** on Facebook or scan the QR code below.



## CELL PHONES & 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 case of an emergency can be done through a message to a camp director via the Extension Iron County office or Neil's cell 715-329-0441.** We do not want valuable items like cell phones to be lost or misplaced with another camper's belongings. Campers will be very busy traveling around the grounds on hikes or swimming, so valuables could get lost en route or as clothes are quickly changed. Thank you for supporting this policy.



# Iron County Summer Outpost Camp

## Iron County Summer Outpost Camp Packing List

### What to pack:

- Bike
- Water bottle
- 2 pairs of shorts/2 T-shirts (made of quick drying material)
- 2 pairs of pants (preferably not denim, as it takes long to dry)
- Rain gear
- 1 sweater or 1 sweatshirt (one or the other please. Both take up too much room)
- Rain gear
- 1 pair of sturdy hiking boots
- 1 pair of tennis shoes or sandals (which can get wet/dry quickly)
- 3 pairs of socks/underwear
- Sleep wear
- Sleeping bag
- Pillow
- Blanket
- Ground mat (pad to sleep on)
- Sunglasses
- Swimsuit
- Towel, wash cloth
- Hat or bandana
- Toiletries - Soap/shampoo (biodegradable if possible), toothpaste, toothbrush
- Quarters - Showers are available at Lake of the Falls (\$1 for first 5 minutes/\$.25 for additional minutes)
- Flashlight/headlamp
- Sunglasses



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

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

# Iron County Summer Outpost Camp



## Information Sheet

### CAMP PURPOSE

Iron County Summer Outpost 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

Lake of the Falls Campground has a full bathhouse where campers will be able to take showers. Showers cost \$1.00 for the first 5 minutes and \$.25 for additional minutes.

**PLEASE SEND QUARTERS!**

### SLEEPING ARRANGEMENTS

Campers will be in tents, each holding 2 campers. There will be no counselors at this camp this year. This will provide participants the opportunity to work on their own leadership skills and independence.

### INSECT PROTECTION

Our camp is in a wooded area near a lake. 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

An EMT will be available to campers at all times. If you have medical concerns, please speak with a camp director at check-in. 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 Outpost Camp is staffed by adult volunteers and other camp staff.

### QUESTIONS?

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

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



# 2024 Iron County Summer Outpost Camp

## CAMPERS CODE OF CONDUCT



The following is the code of conduct for the Iron County Summer Outpost 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 tent 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
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<input type="checkbox"/> Exercise	<input type="checkbox"/> Colds		
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<input type="checkbox"/> Infections	<input type="checkbox"/> Emotions		
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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.**