

PARENT/ CAMPER SURVIVAL GUIDE

Check-In Time: Sundays between **2:30 and 4:00 pm**

Check-In Procedure: When you arrive on Sunday afternoon please park in designated area and proceed to the dining hall with paperwork, prescription meds, and money. While you are in (or near) the dining hall, you will 1) check in with camp staff, 2) pay any outstanding registration balance, 3) leave a deposit for the camp store, and 4) go through our health screening and meet the nurse if you will need medications during camp.

After checking in at the dining hall, you will get your luggage and take it to the cabin. Then you will go to your cabin to meet your counselor and choose your activities for the week. Camp activities will begin at 4:00pm; so campers need to be settled and parents off camp by that time.

Check-Out Time: Parents should arrive shortly before 5:30 on Friday Evening. Campers and parents are encourage to stay for dinner and campfire to hear about the kids week at camp. You can expect to leave camp by 8pm.

Check-Out Procedure: Dinner begins at 6pm. There will be a campfire sing along and camp highlight review at 7:00PM in the amphitheater, with a brief closing time for the entire camp at about 7:45. Parents (or designated guardian) must sign the release form (the counselor will have this) and load the camper's belongings into the vehicle prior to leaving with the camper. Our camp store will also be open on Friday night if you and your camper want to stop by for a last-minute purchase!

Important: Parents are responsible for their own child(ren) until they leave the camper with the counselor on Sunday afternoon and again responsible for their child(ren) after the release form has been signed on Friday night and the camper has been released. **Children (campers included) may not wander around the camp unsupervised at any time.**

Arrangements for lateness: If you know you must pick up or drop off your child at a time other than those stated above, please make arrangements in advance with the camp director, Nathan Welton director@hopevalleycamp.com (585) 993-8921 If a parent does not arrive to pick up or drop off a camper in a timely manner, calls will be made to the parent. There may be an extra charge to provide supervision.

Emergency Information: In the event that your child has an injury or illness that would cause them to miss normal camp activities for more than 6 hours, the camp nurse or designee will notify you by phone. If your child requires medical attention beyond that of our camp nurse or trained staff, you will be notified by phone as soon as possible by the camp director or nurse.

Emergency Contact Information: If there is a serious emergency at home and you need to reach your child, the camp phone number is (585) 322-9975

Mailing Address: The address for camper mail is:

Camper's Name
c/o Hope Valley Camp
6113 Horton Road
Bliss, NY 14024-9718

Camper Mail Options: You may prepare a card or a note for your child to receive on Monday and leave it with your child's counselor on Sunday during check-in. Please be careful what you write to help prevent home sickness. Telling your child that you miss them and wish they were home will only make them more uncomfortable. Let them know you love them and encourage them to have a great week at camp. Campers love to hear from home, keep it encouraging and upbeat!

Contact Information: **Nathan Welton, Registrar**
PO BOX 323
Nunda, NY 14517
(585) 993-8921
E-mail: registrar@hopevalleycamp.com

Please DO NOT send camp store money prior to camp!

To pre-pay your balance: If you choose to pre-pay your balance, that will make one less stop you must make on check-in day! Please send any additional check payments to the registrar at the address above. If you wish to pay the rest of your fees by credit card, you may call the registrar at the number above. Please do not send your credit card number by e-mail as Nathan's address is not "secure."

Camp store: This is where campers may buy t-shirts and other souvenirs as well as snacks and drinks during free time. At check-in you will be asked to make a deposit for your child for the week's spending money. Please bring cash or a separate check for the Tuck deposit on check-in day! We have a rule limiting the campers to two snacks at a time, so \$15 for the week is plenty for snacks. If you want to leave enough for a shirt or other souvenirs, \$25 would be appropriate. Your child will get back any money they don't spend at the end of the week. The camp store will also be open on Friday evening when you pick them up for additional purchases.

Roommate Requests: Must be made in writing to the camp director – preferably on the registration form. Please understand that not all requests can be honored! Camp is a great opportunity for learning to reach out and make new friends!

Adding a week or changing weeks: If your child wants to come back for another week this summer, or if you need to change weeks after you have registered, you may call or e-mail the registrar. He will make every effort to help you add or change weeks. Some weeks and age groups fill early, so we may not be able to accommodate every request.

Lost Paperwork: Go to the website: www.hopevalleycamp.com for all of the after-registration forms available in PDF format. On the home page, click on "registration".

Homesickness: Make sure you tell your child that you want her/him to be at camp and that she/he will have a good time. Your child's counselor will be sensitive to this and will call in other resources if needed. The Director will call and talk with you about this if he believes it's necessary. Please do not promise your child phone calls or visits. It might take a child time to adjust; our staff will provide enjoyable activities to keep all campers busy! Send cheerful, encouraging mail to your child! It might be a good idea to have your child stay with friends overnight before coming to camp.

Bed-wetters: Camp staff is well prepared for this problem and will handle it with discretion. Please inform your child's counselor so she/he can be aware that it may happen. Also, please send a plastic mattress cover (to protect the mattress) and two sets of sheets and blankets for bedding instead of a sleeping bag. The bedding is easier to wash, and two sets means that there will be bedding on the bunk while the soiled sheets are being washed.

Camper dismissal and refunds: 1) In the case of a parent choosing to remove a camper prior to the completion of the camping week for any reason other than a death in the family or natural disaster impacting the family, no refund will be made. 2) To ensure a quality camping experience for all campers, severely inappropriate behavior will result in dismissal from camp prior to the end of the session. When this occurs, no refund will be provided and parents/guardians will be responsible to transport their child from camp property immediately.

Directions: You may "google" specific directions from your home to the camp mailing address:
6113 Horton Rd.
Bliss, NY 14024

We operate on the site of Bliss Summit Bible Camp, so if you see that sign you are in the right place.
We will also have Hope Valley Camp signs with arrows pointing the way.

Directions are also available on our website under the page "directions"

Dear Parent:

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningococcal meningitis, and a relatively new law in New York State. On July 22, 2003, Governor Pataki signed New York State Public Health Law (NYS PHL) §2167 requiring overnight children's camps to distribute information about meningococcal disease and vaccination to all campers who attend camp for 7 or more consecutive nights. This law became effective on August 15, 2003.

Hope Valley Camp is required to maintain a record of the following for each camper:

- A response to receipt of meningococcal disease and vaccine information signed by the camper's parent or guardian; AND information on the availability and cost of the new meningococcal meningitis vaccine (Menactra™); AND EITHER
- A record of meningococcal meningitis immunization within the past 10 years; OR
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningococcal meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age have more than doubled since 1991. The disease strikes about 2,500 Americans each year and claims about 300 lives.

A vaccine is available that protects against four types of bacteria that cause meningitis in the United States- types A, C, Y, W-135. These types account for nearly two thirds of meningitis cases among teens and young adults.

Information about the availability and cost of the vaccine can be obtained from your health care provider and by visiting the manufacturer's website at www.meningitisvaccine.com.

To learn more about meningitis and the vaccine, please contact your child's physician. You can also find information about the disease at the New York State Department of Health website: WWW.HEALTH.STATE.NY.US, and the website of the Center for Disease Control and Prevention (CDC): WWW.CDC.GOV/NCIDOD/DBMD/DISEASEINFO.

I encourage you to carefully review the enclosed materials. **Please complete the Meningococcal Vaccination Response Form on the health form and bring it to registration.**

Sincerely,
Nathan Welton
Camp Director

Nathan Welton, Camp Director
Home address: PO BOX 323 Nunda, NY 14517
director@hopevalleycamp.com www.hopevalleycamp.com

CAMPER HEALTH EVALUATION FORM

Hope Valley Ministry, inc.

Please bring this form and immunization records with you on the day you come to camp.

This form MUST have both physician's and parent's signature.

Camper's Name: _____ Birth date: _____ Age: _____

Address: _____ Phone: _____

Custodial Parent/Guardian: _____ Home/Cell: _____

Parent Address (if not same as above) _____ Business Phone: _____

If not available, in an emergency please notify:

Name & Relationship: _____ Home phone: _____

Address: _____ Cell: _____

⑤ **PHYSICAL HEALTH HISTORY:** To be filled out by a parent *within 1 month prior to arrival at camp.* Please state any chronic health concerns, new allergies (food, medications, etc.), health issues (strep throat, asthma, braces, etc.), and recent injuries (broken bones, sprains, bruises). Please list any dietary restrictions.

⑤ **MENTAL, EMOTIONAL AND PSYCHOLOGICAL HEALTH HISTORY:** (circle yes or no)

1. This camper has an emotional health concern that will impact camp participation.....yes no

2. This camper has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder.....yes no

3. This camper has had a significant life event that continues to affect the camper's life/health.....yes no

4. This camper uses an individualized learning plan (IEP) at school.....yes no

***If 'yes' was the answer to any of the four statements above, *please attach a statement* from a parent or the professional involved that includes the following with regard to the child's participation at camp:

A. Description of the concern and the camper's management plan (including medications) while at camp:

B. Description of the behaviors that will indicate to our staff that your camper needs medications and/or professional referral and provides a recommendation from this professional supporting your child's participation in our camp.

⑤ **Meningococcal Meningitis Vaccination.** I have read, or have had explained to me, information regarding this disease and vaccination. I understand that the vaccine's protection lasts for approximately 3-5 years and that re-vaccination may be considered within 3-5 years.

Must check one box for attendance

⑤ The participant has had the Meningococcal Meningitis immunization within the last 10 years. Date received: _____

⑤ I understand the risks of not receiving the vaccine. I have decided that the participant will not obtain immunization against Meningococcal Meningitis disease.

⑤ **IMMUNIZATION RECORDS:** Please attach *an up to date copy of physician's immunization record (required by NYS law for each camper and must be updated annually).* A complete record shall include immunization dates against diphtheria, haemophilus influenza type b, hepatitis b, measles, mumps, poliomyelitis, rubella, chicken pox, tetanus and meningitis.

⑤ **Not Immunized (check here) Must sign a waiver**

⑤ **MEDICAL EXAMINATION:** To be completed by a Licensed Physician/Nurse Practitioner/PA

After examination of the participant **it is my opinion that the participant _____ is _____ is not able to participate in an active camp program.**

The participant is under the care of a physician for the following conditions: (Please include any medications and describe any restrictions including any activities the participant should be exempt from.)

This examination should be performed within 12 months of arrival at camp.

Name of Physician and title _____ **Date of Examination:** _____

Signature of Physician: _____ **Date:** _____

Address: _____ **Phone:** _____

Hope Valley Camp provides the following generic **over the counter medications and campers do not need to supply them**. Parent and Doctor must indicate which medications may be administered while the child is at camp. Only medications marked "YES" and determined to be necessary will be administered at the discretion of the camp nurse. Medications will be dispensed "per label directions" unless otherwise specified.

Medication Name (or store brand/generic)	YES	NO	Comments (specific instructions for dosage)
Tylenol (for fever or pain)			
Advil (for fever or pain)			
Throat Lozenges (for throat irritation)			
Benedryl (for allergic reactions)			
Sudafed (for stuffy nose)			
Calamine Lotion (for insect bites)			
Pepto Bismol (for upset stomach)			
First Aid Cream (for minor cuts/scratches)			

⑤ **MEDICATION INFORMATION:** All medications must be included on this side of the health form. Hope Valley has a zero tolerance policy regarding medications. ALL medications including prescriptions, over the counter meds, herbal remedies, and dietary supplements must be stored at the health center (not in the cabin with the camper!) and administered by the camp nurse. Self-carry emergency medications (inhalers, epi-pen) require prescription and prior approval from the camp nurse. **Any camper found to be self-administering ANY medication could be grounds for dismissal from camp!**

Below you must list all medications that will be brought to camp with this camper. This list MUST include all prescriptions, over the counter medications, herbal remedies, and dietary supplements!

Name of Medication/Dosage/Frequency

Reason for Taking

- ***IF MEDICATION MUST BE TAKEN ON A SCHEDULE, PLEASE INCLUDE INSTRUCTIONS WITH TIMES INCLUDED.***
- ***ALL MEDICATIONS MUST BE LABELED WITH CAMPER'S NAME AND DIRECTIONS FOR USE.***
- ***ALL MEDICATIONS MUST BE KEPT WITH THE NURSE AT THE HEALTH CENTER (no meds may be kept in suitcases)!***
- ***PRESCRIPTION DRUGS MUST HAVE PHARMACIST'S LABEL WITH THE DOCTOR'S INSTRUCTIONS.***

⑤ The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by the medical provider and myself. I acknowledge residential camp experience may expose the camper to communicable diseases (meningitis, lice, etc.). In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child as named above.

Office use only: Arrival screening conducted by _____ (Initials) time/ date _____

Any updates to health history form?.....Noyes

Any signs symptoms of illness or injury?.....No.....yes

Any medications given to health center?Noyes

Any special needs of this person while at camp?No.....yes

Any yes' note here _____

Left camp with the following concern

Parent/guardian was notified

RN on duty _____ Date _____

Staff member _____ Date _____

PARENT QUESTIONNAIRE

Hope Valley Ministry, inc.

Please don't put your pen away yet!!!! This form may seem redundant to you, but this form is the best way for you to communicate with your child's counselor and the other staff that will be working directly with your child during their stay at camp. The counselors are NOT allowed to see the health forms, so don't be afraid to repeat yourself on this form! Our staff sincerely wants to serve your child this summer and this form will help them do that! If there is anything confidential (information you do not want kept in the camp files), please attach a note.

Camper's Name: _____

Has your child been to camp before? _____ When/where? _____

If not, has your child been away from home for more than 2 days? _____

Who lives in the home with the child?

Father _____ occupation _____

Mother _____ occupation _____

Guardian _____ . occupation _____

Siblings: how many? _____ sisters _____ brothers _____

ages: _____

Please describe any home/family events that may have affected your child recently.

What responsibilities does your child have at home?

What three personality traits would best describe your child?

What are some of your child's greatest interests?

How do you want your child to benefit from camp? (Spiritually, Emotionally, Physically, and Socially)

Any special facts the staff needs to know in order to better understand and serve your child at camp?

[allergies, handicaps, learning disabilities, bed-wetting, ADHD, as well as information about any special medications that your child takes – side effects, scheduling needs, etc.] Attach a separate sheet if needed!

Signature of Parent: _____

Rev 1/10

Camper Policies

- All Campers must have a completed health form with immunization records (or waiver) upon arrival.
- Campers must turn in **all medications** to the health center. (in original containers)
- **Possession** of over-the-counter medication of any kind or **self administering** any medication may be considered grounds for **dismissal**.
- Any camper that is found using or in possession of any alcohol/drugs, tobacco products or weapons may be considered grounds for dismissal. Jack knives used in the camp program are permissible.
- Do not bring your cell phones to camp. All **cell phones** will be stored with the Director. Cell phones will be returned on Friday evening to campers' parents.
- **Do not bring Electronic equipment:** Campers are not are permitted to have radios, IPODs, pagers or any other portable electronic device.
- ***At camp we all live as an extended family and community and need to be respectful and considerate of others in our behavior and appearance.***
- Camper clothing should conceal all undergarments and promote modesty. Camp is not the place for spaghetti straps, cleavage, short shorts, or bare midriffs. Leave this type of clothing at home.
- Swimsuits should be modest 1-piece suits and should never be worn in the dining hall. Campers will be required to wear a T-shirt over 2-piece suits.
- Campers may wear sandals or flip-flops when going to the waterslide and shower. Otherwise, campers must wear shoes and socks at all times.

Division Directors will review the camp boundaries, natural hazards, fire and evacuation procedures, and other safety guidelines as well as cabin life procedures on Sunday.

Camper Goals

The goals of Hope Valley Camp are achieved by careful teaching of our philosophy.

Each camper will have opportunity for growth in each area:

Goal 1--Emotionally: We use games, Bible study and personal interactions to encourage young people to be emotionally health and active in a vibrant community environment.

Goal 2--Spiritually: Through stories, Bible study, campfire messages and fun games we share the love God has and the plan that He has set for each one of us. Your children will leave with a better sense of who they are, why they were made and what the purpose of their life is.

Goal 3--Physically: We encourage constant physical activity through games, hiking, sports and more. We do not allow campers to be mistreated because of physical size (big or small) or ability. Teamwork is rewarded and poor sportsmanship leads to a loss of privileges.