

# **123 Go Church Camp**

July13-15 10 a.m. Saturday to 10 a.m. Monday

Dear Campers,

We are so excited that you'll be joining us for 1, 2, 3 GO #1 camp, July 13-15! It will be a super three days packed with fun, making new friends, seeing friends from past summer camps, and learning more about God and His word. (Please be sure to bring your Bible to camp with you.)

We will be taking an offering during our first night of camp during our evening worship service for a special mission project. But other than that, there is no need to bring any other money to camp.

Along with our letter, we are including a list of items to be sure to remember and some items we would rather not have at camp.

Be sure to tell your parents to write to you at: 1, 2, 3 GO!, Crowder State Park, Trenton, MO 64683. It's always fun, and reassuring to get mail at camp!

You will not need candy or snacks, as we will have snacks in the afternoon and evening. When food or candy is in the cabin, you are inviting **any** of God's creatures to come visit you! Also, please leave electronic devices and cell phones at home.

We are very anxious to start our camp adventure and look forward to seeing you on July 13 at 10:00 a.m.!!!

Prayerfully Yours,

Michelle & Ted Vandevort Your 1,2,3 GO Co-Camp Directors

# Helpful Packing Tips

#### \*\*\*\*\*\*PLEASE BRING YOUR OWN WATER BOTTLE \*\*\*\*\*\*

#### ✓ Pack with a parent or guardian

Packing with your child is a great way to build excitement about camp and also a great way to talk through any worries or anxieties your child may have about their time away at camp. In addition, it gives you the opportunity to make sure that they pack everything they need to bring and leave at home the stuff that should stay at home. It also helps the child to know where in their bag or suitcase all of their items are located.

# ✓ What to pack your stuff in

Pack your stuff in something that you can carry a short distance from the Parking Area to the Cabin Area. A duffel bag or suitcase is fine. Pillows, bedding, and sleeping bags do great in large plastic trash bags.

#### ✓ Label everything you can

Put your child's first and last name on everything you can using a permanent marker. Be sure to label your child's luggage. If your child loses something (and they usually do) it will turn up in Lost and Found. Having a name on the items makes it much simpler to return it to your child.

## ✓ Pack appropriately for camp

Pack clothing that is comfortable in hot weather, suitable for outdoor games, and can get wet and/or dirty without being ruined.

## ✓ Medications

All medications (prescription, non-prescription and over-the-counter) remain with and are dispensed by the Camp Medical Staff. Please pack ALL camper medications separately from your luggage so that you will be able to turn them in during Registration.

# **\*\*\*WATER BOTTLE\*\*\***

# Clothing

- Sleepwear/Pajamas
- Underwear and Socks
- Short Sleeve Shirts
- Pairs of Shorts
- One lightweight long sleeve shirt or
- Swimsuit
- A pair of sneakers (we take a camp hike)
- Sandals or Flip flops for the shower and pool

# Toiletries

- Toothbrush and Toothpaste
- Shampoo and Conditioner
- Soap in a container
- Bath Towel & Washcloth
- Beach Towel for the pool

# **Other Items**

# \*\*\*\*WATER BOTTLE\*\*\*

- Bible
- Bedding Sleeping Bag or sheets and blanket
- Pillow and Pillowcase
- Flashlight
- Fan (box size or bunk clip on)
- Any Medications Need to be turned in during registration

# **Optional Items**

- Hat & Sunglasses
- Camera
- Favorite Stuffed Animal
- Paper, pen, pencil, stamps, pre-addressed envelopes

# Things to LeaveAT Home

- Food, snacks or candy (food and snacks are not permitted
- Cell Phones, Electronic Items
- Anything which would result in tremendous unhappiness if it were lost, broken, or dirty.

If your child will need medication during camp, please complete the form below, cut it out and place it in a Ziploc bag with the medication needed.

See 1 1

No medication (OTC or prescription) will be accepted that is not in the original, labeled container. OTC medication will be dispensed as instructed on the form below.

Prescription medicine must be in original pharmacy container with the camper's name on the label and will be dispensed as prescribed. If dosing instructions have been changed, your physician must provide instructions in writing . Please understand that this is to ensure the health and safety of your child.

Ibuprofen, Tylenol, Benadryl or other common OTC medicines may be given if needed, with your permission. Please check with the nurse/first aid staff at check-in if you have questions about this.

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Thank you for assisting us to provide for your child's good health at camp! ×

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Outdoor Ministry Medication Record			
MEDICATIONS MUST BE IN ORIGIN	IAL PHARMACY CONTAINERS LABELED W/ CHILD'S NAME		
Camper Name:	Camp Session:		
Step 2 – Sign this form and place it Step 3 – Place all medication in this	bag and bring to camp with your camper		
All medication is collected at check- physician instructions or as indicate	in and stored in a locked area for distribution according to delow for OTC meds.		
Medication	Medication Dosage, Times, Special Instructions		
The information on this form is corre MUP and Jo-Ota Camp Staff to adn	ect and complete. I hereby give permission for the Mid-America , ninister the medication as directed above.		
Parent Signature:	Date:		
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	a: 🗌 Yes (higher risk for a se		
Extremely reactive to the follo THEREFORE: If checked, give epinephrine If checked, give epinephrine	wing foods:	s if the allergen was <i>like</i>	ely eaten.
HEART: Pale, blue, faint confused THROAT: Tight, hoarse, to MOUTH: Obstructive swe SKIN: Many hives ove Or combination of symptoms SKIN: Hives, itchy ras	wheeze, repetitive cough , weak pulse, dizzy, ouble breathing/swallowing Illing (tongue and/or lips) r body	IMMEI 2. Call 91 3. Begin r below) 4. Give ac -Antihi -Inhale asthm *Antihistamin are not to be	nonitoring (see box dditional medications:* stamine er (bronchodilator) if na nes & inhalers/bronchodilators depended upon to treat a on (anaphylaxis). USE
MILD SYMPTOMS ONLY: MOUTH: Itchy mouth SKIN: A few hives aro GUT: Mild nausea/dis	und mouth/face, mild itch comfort	2. Stay w health parent 3. If symp above	otoms progress (see ), USE EPINEPHRINE monitoring (see box

Epinephrine (brand and dose):

Antihistamine (brand and dose):

Other (e.g., inhaler-bronchodilator if asthmatic):

#### Monitoring

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Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature

Date

Physician/Healthcare Provider Signature

Date

Form provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org) 9/2011 TURN FORM OVER

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