



## Anglican Church Camp of the Midwest

*A ministry of The Diocese of Quincy*

<https://accmdoq.com>

Welcome campers and parents,

We are excited to have you join us at our fourth annual Anglican Church Camp of the Midwest. We pray that camp will be fun but also a time for each camper to grow closer to Christ in a real and meaningful way.

Below please note some important information regarding this year's camp.

**Dates:** Sunday, June 21, 2020 to Saturday, June 27, 2020

**Location:** Camp Little Cloud, 21700 Girl Scout Road, Epworth, Iowa 52045

**Cost:** \$200/camper

**Early Bird Savings:** \$10 per camper if full payment submitted by May 1, 2020

**Application Deadline:** Wednesday, June 3, 2020

**Scholarships:** A limited number of scholarships may be available.

**Deposit:** A \$50 registration deposit for each camper is due with your registration. *Any remaining balance is due (postmarked) by June 12, 2020.*

**Grade Levels:** Students who have finished 1<sup>st</sup> through 12<sup>th</sup> grades will be accepted as campers.

**\*\*\* NO APPLICATIONS WILL BE ACCEPTED AFTER JUNE 3, 2020 – NO EXCEPTIONS! \*\*\***

Complete the application **and** the health form and send to:

**Anglican Church Camp of the Midwest**

**c/o Becky Karlowicz**

3210 W. Forsythe Road

Peoria, IL 61614

309-648-2421

**e-mail: [rebeccagamage@gmail.com](mailto:rebeccagamage@gmail.com)**

*Please contact Becky with questions about fees and registration.*

*A fillable registration form may also be downloaded from the camp Facebook page and camp website and emailed to Becky. Payments may be made separately.*

For other camp information or questions, please contact:

Amanda Pauley, Camp Director

(309) 721-2018 e-mail: [apauley82@gmail.com](mailto:apauley82@gmail.com)

Fr. Jason Bowden, Camp President

(309) 751-7797 e-mail: [fr.jasonb@gmail.com](mailto:fr.jasonb@gmail.com)



### Camp Health Form

**INCOMPLETE FORMS WILL NOT BE ACCEPTED. PLEASE FILL IN ALL INFORMATION.**

*Please be sure to notify the Lead Counselor if this camper is exposed to communicable disease, severe sunburn, or has suffered injury during the three weeks prior to camp attendance.*

#### Health and Accident Coverage

Camper/Participant \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex: \_\_\_\_\_

Parent or Guardian (or spouse) \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Area code and number \_\_\_\_\_

Home address \_\_\_\_\_

Parent/Guardian Work; or if not available, give other person to contact \_\_\_\_\_ Phone \_\_\_\_\_

If not available in an emergency notify:

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Street and Number City State Zip

\_\_\_\_\_  
Insurance Company Policy No. Type ( ) group ( ) individual

\_\_\_\_\_  
Name of Policy Holder Policyholder's Employer and Employer's Address

Parent/Guardian Social Security Number \_\_\_\_\_ (Requested by hospital)

Family Physician \_\_\_\_\_ Physician Address and Phone \_\_\_\_\_

**Important! NO camper under 18 years of age will be accepted at camp unless the following section is fully completed.**  
Please complete the health history below as accurately as possible. A health examination by a physician is only necessary if a camper has been exposed to contagious disease or is recovering from severe injury or illness. This information will enable a health care facility to treat you/your child with minimum delays in case of an emergency.  
**PLEASE ATTACH A SEPARATE SHEET IF ANY AREA NEEDS MORE INFORMATION.**

#### HEALTH HISTORY: (Check- giving approximate date)

Diseases:

Anorexia/bulimia   
Asthma   
Convulsions   
Diabetes   
Ear Infections

Rheumatic Fever   
Chicken Pox   
German measles   
Measles   
Mumps

Lethargic   
Heart   
Hyperactive   
Respiratory

Allergies (list, if any): \_\_\_\_\_

Operations or serious injuries (dates): \_\_\_\_\_

Chronic or recurring illnesses and/or concerns of a physical or emotional nature (please be specific).  
\_\_\_\_\_  
\_\_\_\_\_

All immunizations are up to date  Yes  No

**GENERAL PHYSICAL CONDITION**

Height \_\_\_\_\_ Weight \_\_\_\_\_

Eyes- ( ) Normal ( ) Glasses ( ) Contacts Ears- ( ) Normal ( ) Hearing device ( ) Hard of Hearing

Hernia \_\_\_\_\_ Extremities \_\_\_\_\_

Posture (spine) \_\_\_\_\_

Skin \_\_\_\_\_

General Appraisal \_\_\_\_\_

**FOR GIRLS AND WOMEN**

Has this person menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_

If so, is her menstrual history normal? \_\_\_\_\_ Special Considerations \_\_\_\_\_

Special Diet \_\_\_\_\_

**Medications the Child Currently Uses (INCLUDE ANY AND ALL MEDICINES THE CHILD WILL BRING TO CAMP):**

\_\_\_\_\_

Is parent sending it? ( ) Yes ( ) No

\*\*Prescriptions must be in pharmacy container with proper dosage and child's name (pharmacy label)\*\*

Is swimming permitted? \_\_\_\_\_

is strenuous activity permitted? \_\_\_\_\_

Are you now (or within the previous two years) receiving professional counseling for emotional concerns? ( ) Yes ( ) No

If yes, briefly specify \_\_\_\_\_

Other \_\_\_\_\_

**AUTHORIZATION AND RELEASE**

**Please carefully read this section, check each box, and sign below for your camper.**

**Authorization for Medical Treatment**

The undersigned parent/guardian authorizes Anglican Church Camp of the Midwest (ACCM) to secure medical treatment for \_\_\_\_\_ (name of person) in case of any illness or accident for which ACCM or first aid personnel feels professional medical attention is required. I hereby give permission to the physician selected by the ACCM or first aid personnel to hospitalize, to secure proper treatment for, or to order injection, anesthesia or surgery for me/my child as named.

**Authorization to Use Photo and Video**

I hereby grant Anglican Church Camp of the Midwest (ACCM) permission to photograph or record my child participating in camp activities. I grant permission to The Diocese of Quincy and Anglican Church Camp of the Midwest (ACCM) to copyright, re-use, publish, and republish the same in whole or in part, individually or in conjunction with other photographs or recorded material, in any and all media now or hereafter known, and for any other purpose whatsoever including but not limited to promotion, editorial, advertising, illustration, or trade.

I hereby release, discharge, and agree to save harmless The Diocese of Quincy and Anglican Church Camp of the Midwest (ACCM), its legal representatives or assigns and all persons acting under its permission or authority from any liability in connection with the use of the photographs and recorded video as aforesaid.

Signature of Parent or Guardian \_\_\_\_\_

Printed Name of Minor \_\_\_\_\_ Date \_\_\_\_\_