

Nebraska-Iowa Kiwanis District Foundation

2007 Camp OK Information and Forms

This e-mail mailing is a way to save a lot of postage. Please print and use the forms provided here.

February 1, 2007

Dear Kiwanian:

It is time again to consider Camp OK and sponsoring a child or children for this wonderful camping experience. This year we will hold one camp for up to 120 campers from Sunday, June 10 through Friday, June 15 at the Eastern Nebraska 4-H Center near Gretna, Nebraska. The cabins, lodges and 4-H staff are all ready, which should contribute to another positive camping experience.

All camp activities are highlighted in the attached brochure and activities will include classes in geography, travel, cultures and nature. We will also perform service projects.

A packet is enclosed to help you complete the paper work, including:

1. A timeline showing when items must be completed, **(PLEASE NOTE THE DATES)**
2. A Club Commitment and Contact Form,
3. Kiwanis Contact Form,
4. Teacher Recommendation Form,
5. Camper Application Form,
6. Medical and Information Sheet.

The Club Commitment Form needs to be returned by March 15, 2007, to reserve a spot for your camper(s). This includes any camper(s) your club has endowed with the Foundation. Space is limited to the first 120 applicants. Additional applicants will be put on a waiting list.

Camp OK is a great opportunity to enrich a child's life. Your club has a chance to make a difference that will last a lifetime. We appreciate your continued support.

Sincerely,

Larry Ziska
Camp OK Committee Chair

Enclosures

CAMP OK TIMELINE

DO NOT SEND THIS FORM IN

Use this form to check off your progress on planning Camp OK.

1. _____ **March 15, 2007.** Club Commitment Sheet is due. Send to Larry Ziska with **\$100** deposit per camper. If it is an endowed campership, the Club Commitment Sheet must still be sent to hold the spot(s).

2. _____ **May 1, 2007.** Application Packet is due. Remaining balance for each camper of **\$200** is due. Send completed packet and balance to Larry Ziska (see address below). The packet consists of the following forms for each camper:
 - a. _____ Kiwanian Recommendation completed by a Kiwanian.
 - b. _____ Teacher Recommendation completed by the camper's teacher.
 - c. _____ Camper Application completed by the camper
 - d. _____ Camper Medical & Information Sheet
 - e. _____ Health History Information Sheet

No camper will be accepted until **all** the forms and fees are in.

3. _____ **May 1, 2007.** Last day for refund. All requests must be in writing (email ok) to Larry Ziska.

4. _____ **May 15, 2007.** Acceptance letter and camp information will be mailed to Camp OK Contact by Larry Ziska. There will be a camp information packet for each camper.

5. _____ **Sunday, June 10, 2007.** Campers arrive at camp between 3 p.m. and 4:30 p.m. Please make sure that your camper(s) have transportation arranged to camp.

6. _____ **Friday, June 15, 2007.** Campers are picked up at 12 noon. Please make sure that your camper(s) have transportation arranged for going home.

NE-IA Kiwanis District Foundation
Larry Ziska, Camp OK Chairman
6202 Belvedere Blvd.
Omaha NE 68111-1273
402-451-3189
email – zziska@aol.com

PLEASE RETAIN THIS FORM FOR YOUR USE

DO NOT SEND THIS FORM IN

CLUB COMMITMENT & CONTACT FORM

Due March 15, 2007

CLUB COMMITMENT

The _____ Kiwanis Club is reserving _____ spot(s) at Camp Olympia Kiwanis. In the best interest of the students and the camp, we will complete the Application Packet for each camper candidate, so that to the best of our knowledge, the candidate meets the guidelines outlined in the purpose of the camp.

A deposit of **\$100.00** for each camper is required. The balance of **\$200.00** is due on May 1, 2007.

There is no fee for endowment campers, but you must still send in this sheet to hold a spot.

Refunds: There will be no refund made after May 1, 2007. All requests for refunds must be made in writing to the Foundation.

CLUB CONTACT.

Please designate one individual to be the contact between the club, the Foundation, the school and the camper. This will be the individual we will send all future Camp OK information to. Please print all information. If an email address is given, all correspondence will be to that email address.

Contact Person: _____

Address: _____

City, State, Zip: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Email Address: _____

Number of Campers _____ X \$100. enclosed: \$ _____

check if _____ endowed camper(s)
(number)

Send to: NE-IA Kiwanis District Foundation
Larry Ziska, Camp OK Chairman
6202 Belvedere Blvd.
Omaha, NE 68111-1273

Make Checks Payable to: **The Nebraska-Iowa Kiwanis District Foundation**

CAMPER APPLICATION -- Due May 1, 2007

(to be completed by the camper)

Please answer the following questions in complete sentences, so we can learn about you. Please print your answers.

1. What are your hobbies or interests?
2. List your strengths.
3. Have you ever attended a camp before? _____ Write about your experience.
4. Are you planning to attend any other camps this summer? _____ If Yes, list them:
5. Explain your favorite project this past year.
6. How do you deal with your weaknesses?

I would like to attend camp for a week, June 10-15, 2007. This (will) (will not) be my first camp experience. I am willing to try new activities and learn from others. Rain or shine, I can have fun in a new place with new people. I will follow the directions of staff members so everyone at camp will be safe and have fun.

Signature of Candidate: _____ Date: _____

Please print:

Camper Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Sponsoring Kiwanis Club _____

I would like my son/daughter to attend camp the week of June 10-15, 2007. He/she is responsible and will follow directions for the safety of his/her self and others. All medical records are complete to allow for the staff to meet the needs of my child.

Signature of parent/guardian: _____ Date: _____

KIWANIS CONTACT -- Due May 1, 2007

(to be completed by a Kiwanian)

These questions are to be asked during the interview of the student being considered. Please record the responses to help staff members get to know the candidate. The more complete the answers, the more useful the information will be. Please print all responses

Camper Candidate _____ Grade _____

1. Why do you want to attend a week-long camp?
2. Have you ever been away from your family for a weekend or longer? How did you feel being away from them?
3. What are your strengths in school?
4. Do you belong to any clubs at school or outside of school? Please list them below.
5. How do you handle situations that don't go just as you planned or as you were told they would go.
6. What would you say is the biggest contribution you could make to the camp?

As the Kiwanis Contact for Camp OK, I have interviewed my club's candidate for this camp and have reviewed the students' and teachers' comments to make sure all requirements have been met. I would highly recommend this child to be accepted for a bunk at our District's camp.

Signature: _____ Date: ____/____/____

Please Print

Kiwanian Name: _____

Address: _____ City _____ State ____ Zip: _____

Home Number: (____) _____ Work Number: (____) _____

Kiwanis Club _____

Camper Medical and Information Sheet – DUE May 1, 2007

Camper's Name _____

_____/_____/_____
Date of Birth

Gender: Male Female Grade Completed: 5th 6th

Campers will receive a Camp OK T-shirt.

Please check the **ADULT** size you need: Small Medium Large Extra Large

Yes No My child knows how to swim.

Yes No My child may participate in water activities.

Yes No Permission is given to the Nebraska-Iowa Kiwanis District Foundation, as sponsors of Camp OK, and to Camp OK staff to use any photographs, slides or videos for my camper in Kiwanis brochures or other publications promoting Camp OK, the Foundation or Kiwanis International.

Yes No There are flag ceremonies, inspirational time, and singing graces at mealtimes. All campers are expected to participate in these activities. Camp OK does not promote any religion nor expect campers to conform to any religion. Do you want your camper to participate in these activities?

Any medications brought to camp must be in original containers and given to the nurse in a plastic bag with the camper's name on the bag at the time of check-in. Medications should be clearly marked with the camper's name and reason for the medication. Please list any medications that your camper will be bringing to camp:

My child has my permission to attend Camp OK. I have read and understand the purposes of the camp. I further understand that first aid will be available, that the campers will be supervised, and that if a serious injury or illness occurs, we will be notified. If it is impossible to contact the emergency contact, or us, we give permission for emergency treatment and/or surgery as recommended by the attending physician.

Signature of parent or guardian

_____/_____/_____
date

Emergency Contacts: We must have two different contacts with both day and night phone numbers.

Parent/Guardian

(_____) _____ (_____) _____
Day Phone Night Phone

Address

City

State

ZIP Code

SECOND CONTACT

If parent/
guardian
cannot be
reached,
call:

Name

(_____) _____ (_____) _____
Day Phone Night Phone

Address

City

State

ZIP Code

Insurance Information

Is the Camp OK participant covered by family medical/hospitalization insurance? Yes No

Medical Insurance Company: _____ Policy No.: _____

Name of Insured: _____ Relationship to Participant: _____

Participant's Medical Identification No.: _____

Medical Care Provider-Name of Family Physician or Health Care Facility

(_____) _____
Phone Number

Due May 1, 2007

Health History Information CAMPER NAME:

Does the participant currently have or have had any of the following. Check "yes" or "no" to each question. Please explain any "yes" answers (noting the number of the question) in the space below or on an additional sheet of paper, if necessary.

- | | | Yes | No | | | Yes | No |
|-----|---|--------------------------|--------------------------|-----|---|--------------------------|--------------------------|
| 1. | Had recent injury. Illness or infectious disease? ----- | <input type="checkbox"/> | <input type="checkbox"/> | 11. | Have diabetes or hypoglycemia? ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Have a chronic or recurring illness or condition?----- | <input type="checkbox"/> | <input type="checkbox"/> | 12. | Have asthma? ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Been hospitalized/had surgery within past 2 years? -- | <input type="checkbox"/> | <input type="checkbox"/> | 13. | Had mononucleosis in the past 12 months? ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Have frequent headaches? ----- | <input type="checkbox"/> | <input type="checkbox"/> | 14. | Had seizures? ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Had a head injury and/or knocked unconscious? ----- | <input type="checkbox"/> | <input type="checkbox"/> | 15. | Had frequent ear infections?----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Has passed out, been dizzy, and/or had chest pain during or after exercise? ----- | <input type="checkbox"/> | <input type="checkbox"/> | 16. | Wear glasses, contacts or protective eyewear? ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Had heart-related problem (high/low blood pressure, shortness of breath, murmurs, etc.)?----- | <input type="checkbox"/> | <input type="checkbox"/> | 17. | Have an orthodontic appliance? ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Had muscular/skeletal problems (arthritis, hernia, Recent fractures, back/joint problems)?----- | <input type="checkbox"/> | <input type="checkbox"/> | 18. | Have problems with sleepwalking? ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Had stomach/intestinal problems (ulcers, jaundice, indigestion, diarrhea/constipation)? ----- | <input type="checkbox"/> | <input type="checkbox"/> | 19. | If female, have an abnormal menstrual history?----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Have any skin problems (itching, rash, acne)? ----- | <input type="checkbox"/> | <input type="checkbox"/> | 20. | Have a history of bedwetting? ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | 21. | Had an eating disorder? ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | 22. | Had emotional difficulties for which professional help was sought?----- | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please give details (i.e. reactions, special instructions, special equipment, procedures): (Attach additional pages if necessary)

Date of last physical exam: _____

Conditions, Restrictions or Allergies (Please list all)

	Describe the condition, restriction or allergy and how to manage (attach additional pages if necessary)
Medicine allergies	
Allergies (food, latex, etc.)	
Conditions (diabetic, asthma, etc.)	
Restrictions (earplugs while swimming)	

Immunizations

Which of the following has the participant had? Measles Chicken Pox German Measles Mumps Hepatitis

Please give date for last immunization for:

DTP: ___/___/___ Hepatitis B: ___/___/___ Varicella Zoster: ___/___/___

Rubella: ___/___/___ TD (Tetanus/diphtheria): ___/___/___ Polio: ___/___/___

Measles (hard or red measles or rubeola): ___/___/___ Haemophilus influenza (HiB): ___/___/___

Last TB mantoux test:: ___/___/___ Result: _____