



Day Camp Information- Parent Packet

Day Troopers (1st-4th grade) & Day Trekkers (5th-8th grade)

Please ensure your camp fees are paid at least 4 weeks prior to your camper's session.

Forms are Due May 1st and can be returned to:

YMCA Camp Wapsie, 2174 Wapsie Y Road, Coggon, Iowa 52218 or wapsieforms@crmetroymca.org

Camp Fee Balance:

- Send your payment (check/money order) to Camp Wapsie's mailing address.
- Log onto your account at campwapsie.org and pay with a debit or credit card.
- Call (319) 435-2577 and we will assist with your payment.

Camp Store Money (Please disregard if you have already paid store money for the upcoming summer)

Wapsie's Camp Store sells drinks, snacks, and camp branded souvenirs. The store also sells tickets and materials for some morning activities such as ammunition, arts and crafts supplies, and tie-dye materials. You may place up to \$40 in a store account for each camper. We recommend \$15-30 dollars a week. Purchases are deducted from the camper's account. Money may be added to your child's account if funds run low. Remaining funds may be donated to our Financial Assistance Program or returned to the camper upon pick up.

Summer Camp Forms (All forms and information can be found online at www.campwapsie.org) **Due: May 1st**

- Health Form:** The health form must be filled out completely. Please include health insurance company, policy number, policy holder birthdate, and address to mail claims to **OR a copy of the insurance card!** Health and accident insurance coverage for campers is the responsibility of parents/guardians, as are all medical expenses. Camper immunization records are required, please send attach to the Health History.
- Letter to the Counselor:** The letter to the counselor is to be completed and signed by parents/guardians. There is now a page for campers to complete as well. This form is important in helping counselors work with your child while he/she adapts to camp life.
- Release Form:** We will release your child **only** to individuals who you approve in writing.

Camper Pick Up and Drop Off:

- *Self-Transporting* – If you are driving your child to and from camp you should plan to arrive at Camp Wapsie at **8:45 AM** and pick them up at **4:00 PM**. If arriving early please remain near the courts and gazebo until a staff member arrives to care for your child.
- *Transportation by Camp Wapsie* – Transportation is provided to and from the following locations:

<u>Site</u>	<u>Pick Up Time</u>	<u>Return Time</u>
<u>Helen G. Nassif (HGN) YMCA</u>	<u>7:40 AM</u>	<u>5:00 PM</u>
<u>Marion YMCA</u>	<u>8:00 AM</u>	<u>4:30 PM</u>

Bus Guidelines:

1. Please be on time at all sites.
2. Counselors will not leave campers unattended without written permission
3. HGN YMCA uses the loading zones on 7th Ave SE. Please utilize street parking or use the parking lot to the North of the YMCA.
4. Marion YMCA will load campers in the parking lot.
5. Campers may not load the bus until Camp Wapsie staff check them in.
6. All bus safety procedures are to be followed per the bus driver and camp staff. Campers must remain seated at all times and may stand to exit the bus after the driver has secured the bus and given the ok. Campers must keep all body parts inside the bus and the aisles clear during travel.

Overnight at Camp:

Day Camper (Troopers and Trekkers) will stay overnight at YMCA Camp Wapsie on Thursday and will return at the regular scheduled time on the Friday bus route.

Cancellation and Refund Policy:

Cancellations and changes must be made in writing or e-mail (camp@crmetroymca.org). No refund for behavior-related problems including bullying and abusive language and/or for the use of drugs, alcohol, tobacco and this also includes vaping. Cancellations 10 days or more prior to camp date forfeit \$75 deposit; cancellations less than 10 days before their session date forfeit half of camp fees. No shows forfeit the full fee. Campers who cancel or leave with a written note from medical personnel will receive a prorated refund.

Medications:

All medications must be turned in to Day Camp Staff on the day of check-in. Medications must be in their original containers with camper's name and doctor's instructions.

Health and Safety:

- *Staff Training* – Our onsite Health Services Director and Licensed Nurse are trained in necessary aspects of health services. In addition, Camp Wapsie staff is trained in CPR, First Aid, and emergency procedures.
- *Health Checks* – Upon arrival, all campers are checked for signs of injury, illness, lice, and other conditions. *If lice are positively identified campers must be treated and show no signs of lice before returning to camp operations.* Cabins are regularly checked for signs of bedbugs. In the event of incidents with your child or issues like bed bugs in the cabin, we notify families and plan for appropriate treatment.
- *Emergencies* – In the case of a medical emergency involving your camper, the camp administrators or designated staff member will contact you. Wapsie staff will handle minor injuries and illness. If it progresses to something more we will contact you. If you need to contact your child in regard to an emergency, please call the office. Campers are **not** allowed to make or receive phone calls, except in an emergency. **Cell phones are not allowed.**
- *Homesickness* – Wapsie Staff members are equipped to help participants who may experience homesickness. With a few easy steps you can help prepare your child for camp.
 - 1) Set them up for success by telling them about camp and sharing some activities they'll get to participate in. Contact camp if you need more information, we're happy to talk through weeks at camp.
 - 2) Pack their bag with them so they know where to find their belongings. This helps empower them during their time at camp.
 - 3) Have honest conversations that feeling homesick is normal. Share your own stories of when you've felt homesick or afraid. Empathizing and normalizing the feelings can do wonders.
 - 4) Have your child bring a comfort item that reminds them of home. This may be a favorite stuffed animal, treasured book, or a small photo album.
 - 5) Provide your child with materials to send letters and/or pictures home about their time at camp. Let them know that you are excited to hear about their experiences. Don't dwell on what they are missing out on at home. Please don't tell you child they can call home if they are homesick or that you will come pick them up early. Encourage them to try new opportunities.

Staff:

In addition to full-time professional staff, YMCA Camp Wapsie employs young adults of character to work with campers. Wapsie Summer Staff are certified in CPR and First Aid (some also hold Lifeguarding certifications). Staff receives at least a week of pre-camp training focused on camper care, activity facilitation, and emergency procedures so they can help children have a meaningful camp experience.

Food:

Camp provides balanced meals and the opportunity to purchase snacks throughout the day. While campers are in the care of Camp Wapsie staff all meals will be provided. This includes all lunches (Monday – Friday), dinner on Thursday, and breakfast Friday morning. **Please notify camp of any dietary restrictions or special diets and include this information on the campers Health Form.**

Additional Information:

Additional information such as packing lists, directions to camps, program specifics, and more can be found on our website at www.campwapsie.org or by calling the camp office at (319) 435-2577. We're happy to assist you in any way possible.

Letter to MY CHILD'S Counselor at YMCA Camp Wapsie

Name of camper: _____ Program(s): _____ Week(s): _____

Dear Counselor,

This is my camper's _____ year at camp and _____ year at Camp Wapsie.

I want my camper to attend Camp Wapsie because _____

While at camp, I hope my camper _____

My camper is...

... most happy when _____

... most unhappy when _____

... enthusiastic about _____

... not fond of _____

... apt to be afraid of _____

Describe the camper's activity level: Very Active Active Moderately Active Inactive

Comments: _____

They are _____ at taking care of personal belongings.

What behaviors do you most often have to speak with your camper about? _____

What methods of correcting these behaviors have you found effective? _____

Has your camper had problems with peers? If yes, please explain: _____

My camper lives with (please name): Parent(s)/Guardians(s) _____

Brother(s) _____ Sister(s) _____ Others _____

My camper has the following responsibilities at home: _____

Does your camper have a learning, emotional, or behavioral condition? If yes, please explain:

Anything else you would like us to know? _____

Parent/Guardian Signature

Primary phone number

Secondary phone number

*** If there is something of special importance or major concern, please speak directly to your child's counselor at check-in**

Letter to MY COUNSELOR at YMCA Camp Wapsie

My name is _____ . My friends call me _____ .

I am _____ years old. After next summer I will be entering _____ grade.

My birthday is _____. I have _____ brother(s), age(s) _____. I have _____ sister(s), age(s) _____.

The things I like to do for fun are _____

I am good at _____

I am coming to Camp Wapsie because _____

I hope to be able to do the following things at Camp Wapsie this summer _____

When I am at Camp Wapsie I don't want to _____

I get along with friends who _____

Last summer I _____

I would also like you to know _____

See you soon!

Signature



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FOR SOCIAL RESPONSIBILITY

YMCA CAMP WAPSIE

HEALTH HISTORY FORM / PARENT PERMISSION FORM DUE MAY 1

Any changes to this form should be provided in writing upon participant's arrival at camp. Please provide complete information so that the camp is aware of participant's needs.

PLEASE INDICATE PROGRAM

Village	Day Camp
Cabin Camper	LIT
Ranger	CIT
	Staff

Week/Session(s) _____

Participant's Name: _____ Nickname: _____

Gender: _____ Date of Birth: ____/____/____ Grade (upcoming school year): _____ Age as of May 1: _____

Parent/Guardian Name _____ Cell Phone (____)____-____ Alternate Phone (____)____-____

Parent/Guardian Name _____ Cell Phone (____)____-____ Alternate Phone (____)____-____

Home Address _____ City _____ State _____ Zip _____

Emergency Contact 1 _____ Relationship _____ Cell # (____)____-____ Alternate # (____)____-____

Emergency Contact 2 _____ Relationship _____ Cell # (____)____-____ Alternate # (____)____-____

**Parent/guardian will be contacted first in an emergency. If parent/guardian is unreachable, emergency contacts will be called.

MEDICAL INFORMATION

Name of family physician: _____ Phone (____)____-____

Name of family dentist/orthodontist: _____ Phone (____)____-____

Please **attach** health insurance information **OR** complete below questions. (Required at clinic or hospital for any medical treatment)

Self-pay/No Insurance at this time (Please indicate name and address of person responsible for payment)

Name: _____ Address: _____

Private Insurance

Insurance Company _____ Policy # _____ Policy Holder's Birth-date ____/____/____

Name of Insured _____ Relationship to participant _____

PRESCRIPTION MEDICATIONS

Participant takes medication: Yes No

If yes, please note the following instructions:

Deliver any medications to Health Staff at check-in and fill out a medication instruction card detailing dosage and frequency.

- Send in original prescription bottle and only enough for the length of camp. Do not refrain from sending meds if participant takes them at home.

- Our on-site health center staff collects and dispenses all prescription medications. No medications are allowed with participant or in living units.

Medication: _____ Dose: _____ Frequency: _____ Administration: _____

8 AM Noon 6 PM 10 PM

Medication: _____ Dose: _____ Frequency: _____ Administration: _____

8 AM Noon 6 PM 10 PM

Medication: _____ Dose: _____ Frequency: _____ Administration: _____

8 AM Noon 6 PM 10 PM

Does your child carry an epi-pen? Yes No Why? _____

Female Campers: Has camper begun menstruation? Yes No If not, has she been told about it? Yes No

Does she have a normal menstrual history? Yes No Does she know how to and have permission to use tampon? Yes No

NON-PRESCRIPTION MEDICATIONS

Camp Staff will monitor the day to day needs of campers and may administer nonprescription medications, per package instructions in the case of illness or injury. Utilizing medical history and discretion, camp staff may also administer Band-Aids and feminine products. I authorize the following non-prescription medications to be administered to participant by the camp health care provider as needed:

Acetaminophen (Tylenol)	Yes	No	Benadryl	Yes	No
Ibuprofen	Yes	No	Antacid	Yes	No
Cough Syrup	Yes	No	Sudafed	Yes	No

MEDICAL INFORMATION PAGE 2

Participant's Name: _____

PLEASE NOTE: If your participant has special health needs (including but not limited to: diabetes, cardiac illness, severe asthma, seizures, serious behavioral issues, or severe allergies), you must contact the camp director for advance clearance. On a case-by-case basis, we consult with parent/guardian and our camp health care provider to determine if accommodation and appropriate care is available.

PLEASE CHECK ALL BOXES (a response is needed for each)

Asthma/Bronchitis	Yes	No	Frequent ear infections	Yes	No	HIV or AIDS	Yes	No
Migraines	Yes	No	Sleep walking	Yes	No	ADD/ADHD	Yes	No
Bedwetting	Yes	No	Cardiac Defect/Disease	Yes	No	Bleeding/Clotting Problems	Yes	No
Diabetes	Yes	No	Epilepsy or Seizures	Yes	No	Crohn's Disease	Yes	No
Fainting	Yes	No	Hepatitis	Yes	No	Conditions Not Listed	Yes*	No

*Please describe _____

% Describe any other significant PAST medical treatment or history _____

& Describe any CURRENT physical, developmental, or psychological conditions requiring medication, treatment, special restrictions, or considerations while at camp _____

3. Is the participant presently under the care of a physician for any conditions? Yes No

Name and phone number of treating physician _____

Explain _____

4. Describe any camp activities from which the participant should be exempted for health or developmental reasons _____

Food Allergy: Dairy Soy Eggs Peanuts Tree Nuts Fish Shellfish Wheat Other: _____

5. Diet Accommodations: Please complete if your child has a food allergy or special diet and provide more information below

Special Diet: Vegetarian Vegan Gluten (Celiac) Gluten Sensitivity Lactose

ALLERGIES: LIST ALL KNOWN (Medications, food, environmental, etc.)

Allergy	Check all that apply	Describe the reaction, severity, and a preferred response:
_____	airborne / ingested / contact	_____
_____	airborne / ingested / contact	_____
_____	airborne / ingested / contact	_____
_____	airborne / ingested / contact	_____

Please explain any other special diet needs or restrictions: _____

IMMUNIZATION HISTORY (MANDATORY)

Is the participant current with the following:

Polio	Yes	No	Mumps	Yes	No	Rubella	Yes	No	COVID	Yes	No
Diphtheria	Yes	No	Pertussis	Yes	No	Measles	Yes	No	Date		
Date of last Varicella (chicken pox): month/year _____						Disease	Vaccine				
Is Tetanus immunization current?		Yes (month/year, if known) _____						No			

I have attached a copy of my camper's immunization records. (Iowa records can be found online at <https://iris.iowa.gov/IRISPRDJ/clientSearch.do>)

This health history is accurate so far as I know and the above stated person has my permission to visit and participate in all activities, except as noted above, at YMCA Camp Wapsie. I hereby give permission for the camp staff to provide routine health care, administer prescribed and nonprescription medication, arrange necessary transportation, seek emergency medical treatment, including X-rays, routine tests, injections and/or anesthesia and/or surgery, for camper named above. I understand all precautions will be taken for camper care and supervision. I entrust care of my child to camp staff during their visit. Beyond this I will not hold camp staff, Camp Wapsie or the YMCA responsible or liable.

Parent/Guardian Signature: _____ Date: _____



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Day Camp
TRANSPORTATION AND RELEASE FORM
Day Troopers (1st-4th grade) / Day Trekkers (5th-8th grade)

Please return to camp *four weeks* prior to session attending

Camper's Name _____ Program: _____ Week ____
(Please print)

Parents/Guardians _____ Home# _____ Work # _____
(Please print)

Please *check* location and note pick-up & return times for your camper!

<u>Site</u>	<u>Pick-up time</u>	<u>Return time</u>
<input type="checkbox"/> Helen G. Nassif YMCA	7:40 a.m.	5:00 p.m.
<input type="checkbox"/> Marion YMCA	8:00 a.m.	4:30 p.m.
<input type="checkbox"/> Camp Wapsie	8:45 a.m. <i>(drop off)</i>	4:00 p.m. <i>(If driving your child to camp)</i>

The following people also may pick up your camper.

Please note: Campers will be released only to parents/guardians and those people you list below. Be prepared to show ID.

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

Parent/Guardian Signature _____ Date _____ Cell # _____

Released to: *(Camp use only)*

PLEASE PRINT!!!

1. _____ Monday
2. _____ Tuesday
3. _____ Wednesday
4. _____ Thursday
5. _____ Friday