



## Resident Camp Information – Parent Packet

*Please Read And Save!*

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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

**Forms are Due May 1<sup>st</sup>** and can be returned to:

YMCA Camp Wapsie, 2174 Wapsie Y Road, Coggon, Iowa 52218 or [wapsieforms@crmetroymca.org](mailto: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](http://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 opened a store account for the upcoming summer)

Wapsie's Camp Store sells drinks, snacks, and camp branded materials. The store also sells 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 \$25-30 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 camp upon pick up.

### Summer Camp Forms (All forms and information can be found online at [www.campwapsie.org](http://www.campwapsie.org)) **Due: May 1<sup>st</sup>**

- 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 must 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 Arrival and Departure:

#### *Full week campers*

Please drop off your child at camp between 3:00 – 4:00 PM on the Sunday of their session. Specific times for staggered pick up/drop off will be sent to families during the week prior to session. Please remain near the courts to wait until check-in occurs. Touring camp or entering cabins is not permitted. Participants that drive themselves will turn in their vehicle keys to camp staff and are not allowed to use vehicles until their scheduled departure. Saturday pick-up is 9:00 – 10:00 AM. There will be no parent programs this year. Camp closes at 11 AM.

**Please, for everyone's safety, leave your pets at home and limit visitors.**

#### *Half week Village Campers*

**1<sup>st</sup> session:** Please drop off your child at camp between 3:00 – 3:30 PM on Sunday. Campers are to be picked up Wednesday at 9am. **All Campers must leave at this time.**

**2<sup>nd</sup> session:** Check in begins at 4:00 PM Wednesday. Please remain near the courts until check-out. Touring camp or entering cabins is not permitted. Saturday pick-up is at 9:00 AM, and please meet at the Village. Camp closes at 10:30 AM. **Please, for everyone's safety, leave your pets at home and limit visitors.**

### Cancellation and Refund Policy:

Cancellations and changes must be made in writing or e-mail ([camp@crmetroymca.org](mailto: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 the Health 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 all 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. Please do not send candy or gum as this encourages pests in the cabins. **Please notify camp of any dietary restrictions or special diets and include this information on the campers Health Form.**

## Moose Mail (e-mail):

We encourage you write to your child while they are at camp. Hearing from home could help prevent homesickness and remind them you are excited to hear about all their adventures and experiences. If sending mail through the postal service, please write your **child's full name and cabin number** on the envelope. Please include the same information in the subject line of an e-mail which can be sent to [camp@crmetroymca.org](mailto:camp@crmetroymca.org). Moose mail sent to your child will **charge \$1/page** from their store account. This program benefits our scholarship program. Please do not send photos or attachments. If your child would like to mail a message/picture home please send self-addressed stamped envelopes.

## World Service:

The YMCA is the largest social service organization in the world and operates many programs in Third World countries. Each week, campers may donate money from their store account to help support international YMCA children's programs.

## 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](http://www.campwapsie.org) or by calling the camp office at (319) 435-2577.

# 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 overnight 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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# 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: \_\_\_\_\_



## YMCA CAMP WAPSIE

FOR YOUTH DEVELOPMENT®  
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FOR SOCIAL RESPONSIBILITY

### RESIDENT CAMP RELEASE FORM

Camp Wapsie desires to provide a fun and safe experience for your child. Camp Wapsie uses a signature release process. We will release your child only to individuals who you approve in writing. Please fill out the form below and send it, along with payment, to camp at least four weeks prior to your child's camp session.

On Saturday parents will pickup campers between at 9:00 – 10:00 AM. Specific times will be emailed to parents prior to session. Please bring I.D. for checkout. Camp closes at 10:30 AM. The counselor will handle all sign-outs in the cabin.

**Please fill out and return entire form to YMCA Camp Wapsie**

Child's name \_\_\_\_\_

#### Sessions Attending

Program: \_\_\_\_\_ Week# \_\_\_\_\_ Program: \_\_\_\_\_ Week# \_\_\_\_\_

Parents/Guardians (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone numbers (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

Guardians address \_\_\_\_\_

The following people, other than the above listed parents/guardians, are authorized to pick up my child from camp:

**Your child will not be released to any other person!**

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

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

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

*For Staff Use:*

Child released to \_\_\_\_\_ ID Shown (staff initial) \_\_\_\_\_ Date \_\_\_\_\_

(To be signed when child is picked up from camp)