

FRIENDSHIP CAMP INFORMATION

1. Registration: 10:00 Monday morning - do not arrive early as we will not be ready to serve you.

~ **NEW REGISTRATION PROCEDURE!**

We will have 2 registration lines this year - We would LOVE to process you and your camper(s) quickly - Please come prepared.

QUICK REGISTRATION LINE IF...	SLOW REGISTRATION LINE IF...
* Health form completed and sent in ahead of time - no changes needed	* Health form needs to be turned in or needs changed/updated
* Medications in UNIT DOSE (Blister Pack etc.)	* Medications NOT in UNIT DOSE
* Medication sheet completed accurately.	* Medication sheet NOT completed accurately.
* Store money in an envelope labeled with name & Amt.	* Overdue Outstanding Balance (Due 1month prior to camp)
* Balance completely paid. (Due 1month prior to camp)	

2. Closing ceremonies: **4:00 - 4:30 Friday evening - NOTE NEW TIME!!**

- ~ Closing ceremonies will take place at the Saddle Ridge Shelter.
- ~ If someone other than the camper's parent/guardian will be picking them up or you need them to be dismissed early, a release form **must** be presented at registration. (See enclosed form.)
- ~ Remember to pick up all luggage & medications (don't forget the dirty laundry bag!)

3. Communication with Campers

MAIL: ~ Please allow 3-4 days for mail delivery.

~ Please address envelopes to your camper this way:

Mike Smith (Friendship Camp)

c/o Cran-Hill Ranch

14444 17 Mile Road

Rodney, MI 49342

~ During registration we will have mailboxes available for each day of the week.

Camper mail may be dropped off then, saving postage.

~ The last mail delivery for the week will be Thursday evening.

E-MAIL: ~ A one-way e-mail system is in place.

~ E-mail will be delivered with the regular mail at dinnertime.

~ To send email, go to www.cranhillranch.com and click on 'Camper Mail'

~ **A required access code will be supplied during Registration.**

~ The last mail delivery for the week will be Thursday evening.

PHONE: ~ If you do need to contact a camper for emergencies, please call the Main Office.

4. MEDICATIONS

~ Camper medications **must** be turned in to the Health Officer upon arrival. All medications (prescription and non-prescription) **must be in their original containers** or we will not be able to accept or dispense them to the camper.

~ We stock a variety of Over the Counter medications - it is NOT NECESSARY to bring these items unless they are taken daily.

5. HEALTH RECORD

~ **Complete and return the Health Record form immediately. We must receive this before camp.**

~ Please notify the Camp Nurse at the time of registration if there have been any changes in health conditions or medications.

CRAN-HILL RANCH

FRIENDSHIP CAMP PACKING LIST

Put the camper's name on **ALL** his/her belongings.

Pack as few bags as possible (one large suitcase is better than several small bags).

- soap
- shampoo
- comb or brush
- sanitary supplies
- flashlight
- dirty clothes bag (garbage bag works great!)
- Clothing
 - ~ casual clothing (shorts, tee shirts, jeans, etc.)
 - ~ enough clean clothes & underwear for five days allowing for changes in weather
 - ~ at least one pair of jeans or long pants for horseback riding
 - ~ warm jacket
 - ~ sweatshirt
 - ~ **rain gear** (cheap vinyl poncho is fine)
 - ~ swimsuit (one piece for females)
- Necessary medications
- Sleeping gear
 - ~ Sleeping bag, blanket roll or other bedding and pillow.
- NO** radios, cell phones, tape or CD players, Game Boy's, etc.
- NO** tobacco products, etc.
- Money:** Camper's money is kept for them. **ALL** money must be turned in at Registration.
 - ~ Each camper may buy one item in the store each day (i.e. pop, candy, ice cream.)
 - ~ We encourage each camper to bring \$10.00 or less.
 - ~ We do not allow campers to buy shirts or gifts by themselves. That may be done on Monday morning or Friday night with their parent or guardian.
- Due to storage limitations, Lost and Found items will be kept for two weeks **ONLY**. Please call the Ranch immediately if you leave something behind.

Note: Because our desire is to provide a safe environment for every camper who visits the Ranch, we reserve the right to search the luggage and/or belongings of individual campers.

CRAN-HILL RANCH FRIENDSHIP CAMP HEALTH RECORD

** This Form MUST be completed in full and returned to camp by June 10th **

CAMPER INFORMATION

Camper's Last Name _____

Sex (M/F) ___ Age ___

Camper's First Name _____

Birth date ___/___/___

Address _____

Contact: _____

City _____ ST _____ Zip _____

Phone (Day Time): (_____) _____ - _____

Please check all applicable:

- Overall Good Health
- Chronic/Recurring Illness (List): _____
- Contagious Diseases (List): _____
- Convulsive Disorders (List): _____
- Recent Illness/Injury (List): _____

Immunization Dates:

*Tetanus/Booster _____ Polio _____ Measles _____ Mumps _____

**(If it has been more than 10/ten years since the last tetanus shot, please have this updated and notify us of the date.)*

SPECIAL CONDITIONS TO BE WATCHED: *Such as Allergy (reactions to penicillin or other drugs), Physical limitations, Special behavioral considerations, etc.:* _____

HEALTH INSURANCE COMPANY: _____ Phone # (_____) _____

Policy Number _____ **If possible, please send a photocopy of your insurance card.*

Address _____ City _____ State _____ Zip _____

If Covered through Employer: Employer's Name _____

Address _____ City _____ State _____ Zip _____

PHYSICIANS NAME: _____ Phone # (_____) _____

AUTHORIZATION

I hereby certify that the above information is correct. I give permission for the release of medical records in case of illness. The person herein described has permission to engage in all prescribed camp activities, except as noted by me. I authorize Cran-Hill Ranch Health Officer to render necessary routine First-Aid and Nursing Care as required. In the event I cannot be reached, I hereby give permission to the Cran-Hill Ranch Camp Physician to obtain proper medical diagnosis, hospitalization, and to order injection, anesthesia or surgery for the camper as named above. I authorize the use of photographs including the above camper to be used in camp publicity.

Signed _____ Relationship to Camper _____ Date _____

Emergency Contact Name _____ Emergency Phone _____

RETURN TO: CRAN-HILL RANCH
14444 17 MILE RD.,
RODNEY MI 49342

MEDICATION RECORD ON BACK OF THIS SHEET MUST BE COMPLETED FOR ALL CAMPERS

FRIENDSHIP CAMP MEDICATION RECORD

**** This Form MUST be completed in full and returned to camp by June 10th ****

Camper's Last Name _____

CAMP DATES: _____

Camper's First Name _____

Birth date ____/____/____

All Medications (prescription and nonprescription) must be in ORIGINAL containers, properly labeled by a Pharmacist as to the person's name, medication, dosage and times of administration. ALL Medications (prescription and nonprescription) MUST be turned into the Health Officer upon arrival.

NON-PRESCRIPTION MEDICATIONS

The following are medications that are stocked in our infirmary. **Do not** send these to camp unless the camper takes them daily.

Check all Non-prescription medications we are permitted to administer:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Cough suppressant | <input type="checkbox"/> Dephenhydromine HCL (Benadryl) | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Antacid | <input type="checkbox"/> Epinephrin (Epi-pen) | <input type="checkbox"/> Loperamide (Imodium) |
| <input type="checkbox"/> Antibiotic Ointment | <input type="checkbox"/> Hydrocortisone Cream | <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Topical Analgesic |

PRESCRIPTION MEDICATIONS

PLEASE NOTE:

Our preferred method (and the fastest way to check-in) is to have your Pharmacy dispense prescriptions in blister pack type packaging.

This camper has NO medications to be administered

This camper takes the following medications;

MEDICATION <small>(If camper takes different dosages at different times of day use multiple lines – see example lines at bottom)</small>	MG.	# TABS	ADMINISTERED WHEN?	OTHER INSTRUCTIONS?
			<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> BED <input type="checkbox"/> OTHER:	
			<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> BED <input type="checkbox"/> OTHER:	
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SAMPLE: Adderall	10	1	<input checked="" type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input checked="" type="checkbox"/> DINNER <input type="checkbox"/> BED <input type="checkbox"/> OTHER:	
SAMPLE: Adderall	20	1	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input checked="" type="checkbox"/> DINNER <input type="checkbox"/> BED <input type="checkbox"/> OTHER:	

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Signed _____ Relationship to Camper _____ Date _____

Emergency Contact Name _____ Emergency Phone _____

RETURN TO: CRAN-HILL RANCH, 14444 17 MILE RD., RODNEY MI 49342

Cran-Hill Ranch

Release Policy & Authorization Form

If someone other than the camper's parent/guardian will be picking the child up, a release form **MUST** be presented at registration indicating who the camper is to be released to.

No child will be dismissed early from camp without turning in an early release form at the time of registration.

Please complete the form below and turn it in at the time of registration if either or both of the above situations apply to your camper.

RELEASE FORM

Camper's Full Name: _____

Dates of Camp Attendance: _____

RELEASE TO SOMEONE OTHER THAN PARENT/GUARDIAN:

Person picking up camper _____

LEAVING CAMP BEFORE THE SCHEDULED END OF THE SESSION:

Pick-Up Time _____ Date _____ Day _____

(if applicable) Return Time _____

Reason for leaving _____

As the Parent/Guardian for the above named camper, I give permission for him/her to be:

picked up by the above named person

picked up early from Cran-Hill Ranch

Print name

Sign name

Date