

THIS YEAR'S THEME...



The Bible is full of stories about people who were blinded by all sorts of things--greed, doubt, religion, busyness...and some were just, well, blind. And then Jesus showed up. He came to shed light into their darkness. This summer at Camp KidJam, we're going to **Chase the Light**. We're going to learn how having a relationship with Jesus allows us to see things that we didn't see before, to see what is best, to leave the darkness behind and walk in the Light of Christ.

SHERMAN, TX...

Austin College JULY 27--30, 2009

\$250* if deposit of \$50 made before January 30, 2009

\$260* if deposit of \$50 on or after January 30, 2009

NO Exceptions.

CAMPUS DETAILS...

This private, coeducational, liberal arts institution is affiliated with the Presbyterian Church (USE). The college's 70-acre campus is located 60 miles north of Dallas/Ft Worth.

HOUSING...

Two campers per room; hall or suite bathrooms

FREE TIME OPTIONS...

Swimming, volleyball, basketball, gameroom**

* Look for dates and info soon for several fundraising opportunities.

** Denotes extra cost.

Brookwood Baptist Church
2009 Kids Medical Permission & Release Form

Please Print or Type

****Complete both sides**

Child's Last

Name _____ First _____

Address _____ Phone _____

City _____ State _____ Zip _____

DOB _____ Age _____ M/F _____ Grade _____

Parent's Names: _____

Parent's Work Phone No. _____ Cell _____

Family Physician _____ Phone No. _____

Insurance Co. _____ Policy No. _____

Insurance Co. Address & Phone _____

(Please provide a copy of both sides your Insurance Card.)

Immunization Status/Dates _____

Allergies: Food _____ Medicines _____

Insect/Natural Elements _____

Blood Type _____

Asthmatic Y N Prone to Faint/Blackout Y N

Diabetic? Y N Taking Insulin? Y N

Medication Currently Taking _____

Reason for Medication _____

Administered By _____ Dosage _____

Any other information that may be helpful to physicians should you require medical attention (rare blood type, allergic to penicillin, etc.)

(Please fill out other side)

Medical/Surgical Waiver

I am the parent and/or legal guardian of _____, a minor, and hereby acknowledge that said minor is presently under my care, custody, and control. In the event an emergency arises necessitating medical/surgical attention, I hereby consent and give my permission to Brookwood Baptist Church of Shreveport, Louisiana, or its representatives, sponsors, or any attending physician, to make such decisions and perform such medical treatment and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. I, the undersigned parent and/or legal guardian, do hereby release, acquit, discharge, and covenant to hold harmless, Brookwood Baptist Church of Shreveport, Louisiana, or its representatives and sponsors from any and all actions, damages, or liabilities arising from the treatment of any sickness or accident incurred by my said child.

Parent/Guardian signature

In case of an emergency, if parent cannot be reached contact:

Name	Relationship	Phone No.
Name	Relationship	
Phone No.		

Parent Cooperation Statement

I understand that my son/daughter will be sent home and I will be called to furnish transportation if he/she does not adhere to the established guidelines.

Parent Signature

DATE

Parents, your child's signature is required below. Please do not sign their name for them.

My Contract

I understand that I will be sent home if I do not follow the rules. I will conduct myself in a Christ-like manner and be respectful to all leaders and other kids.

Participant Signature or Printed Name

DATE



Important First Aid Message to Children's Ministers & Parents

Please fill out this form if you noted that your child is in less than EXCELLENT health on the Medical Release Form.

Children with special medical needs include conditions, which require special medical or health attention or care while the participant is at camp such as asthma, epilepsy, insulin dependant diabetics, cancer, cystic fibrosis, or any other physically disabling condition. Please be advised that prior to sending children with special medical needs to camp, parents must do the following:

1. Send all prescription meds in original containers. Church leaders can **only** administer the med as the bottle reads, so make necessary adjustments with your pharmacy before camp. Over the counter meds must also come in original container. **Do not send meds in pill boxes or baggies as we cannot legally dispense in this manner.**
2. Please do not send pre-drawn syringes of medication. **If your child requires injectable meds of any kind you will need to send the original vial of medication, syringes, and written M.D. orders on the enclosed Special Medical Needs Authorization Form for your child to attend camp.** If your child gives his/her own injectable meds (such as insulin) we need only your statement of consent with your signature on the parent portion of the Special Medical Needs Form. With your consent, your child will be monitored by their church leader.
3. If your child has asthma and uses a nebulizer in addition to an inhaler, please send the nebulizer, medication and dilutant to camp. Asthma is easily triggered by the activities at camp.
4. If your child has severe allergies and uses an epi-pen, we will need a Special Medical Needs form filled out with signatures from the child's M.D. and parent.
5. We do not give allergy or growth hormone injections at camp.
6. **If your child requires any special medical treatment to attend camp, the Special Medical Needs Form will need to be completed and signed by you and your child's M.D.**



Special Medical Needs Procedure Authorization Form

(For campers with chronic medical needs requiring church leader intervention)

BOTH PAGES MUST BE COMPLETED BEFORE COMING TO CAMP

Child's Name: _____ Date of Birth: ____/____/____

Illness/Condition: _____

Church Group Name: _____

Parent's Name: _____ Phone: (____) _____

Address: _____ City: _____ ST: _____ Zip: _____

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The following portion to be completed by camper's physician/ M.D.

Specialized Health Care Treatment/Procedure required at camp

(Specify dosage, time, route, duration of medication) _____

Special Restrictions/Recommendations _____

Physicians Signature: _____ Date: _____

Physicians Phone: (____) _____ Fax: (____) _____

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The following portion to be completed by camper's parent.

- I hereby authorize the church leader to administer the above treatments as authorized by my child's physician.
- I authorize my child to self administer medical treatment.

Parents Signature: _____ Date: _____

Please turn form over and initial and sign all areas.
Special Medical Needs
Procedure Authorization Form (Side 2)

1. REQUEST FOR PERMISSION

I recognize that Camp KidJam because of its program involvement is not designed to accommodate and may not provide a safe camp experience for those with special needs.

While I (an adult) or my child have what might be considered a special need or disability, I believe the special need is such that it warrants special permission to attend Camp KidJam. The following information is therefore offered to substantiate my request for such permission. (Please provide as complete information as possible.)

Initial _____

2. ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS INVOLVED

I have personally inspected Camp KidJam or, waived my right to do so and realize the risks involved in participation in camp activities. I realize that Camp KidJam is not generally advised for use by those with special needs or the disabled, that there are risks and dangers involved in such activities and that unanticipated and unexpected dangers may arise during such activities. I am aware that although Camp KidJam employs first aid providers for summer camp, that Advanced Life Support teams, should they be needed, are up to twenty minutes away from college locations. I am willing to assume said risk of injury and/or complication of existing medical conditions to my person, my property, (or those of my child) that may be sustained on the occasion of the camp experience I (or my child) shall attend.

Initial _____

3. RELEASE OF RESPONSIBILITY

I, as an adult or the parent and /or guardian of the individual named in this form giving permission for his/her attendance at Camp KidJam on the dates specified herein, except for willful misconduct or gross negligence of Camp KidJam, its directors, officers, staff or any other persons connected therewith, agree to indemnify and hold Camp KidJam, and each of the persons connected therewith, harmless for injury or damage to the person or property of said individual.

Check One:

_____ I have personally inspected Camp KidJam, and recognize it is not designed for, nor intended to provide a camp experience for those with special needs. I realize and assume the risks and dangers to myself or the said individual involved in participation in its camp activities.

_____ Recognizing that Camp KidJam is not designed for, nor intended to provide a camp experience for those with special needs, we hereby decline our right to inspect the Camp KidJam property.

Signature _____

Date _____

THIS SECTION FOR OFFICE USE ONLY

Permission Obtained _____ Obtained _____ Denied _____

Notified Guest (Date): _____

Permission Granted By: _____

Title: _____

Note any special arrangements made: _____



Medical Release Form

Bring TWO notarized originals of this sheet to registration and attach a copy of insurance form or card

Participant Name _____ Age _____ Date of Birth ___/___/___ SS# _____
Address _____ City _____ ST _____ Zip _____
Name of Church _____
Address _____ City _____ ST _____ Zip _____
In case of an emergency notify: _____ Phone Numbers- Home:(_____) _____
Work: (_____) _____ Mobile: (_____) _____ Other:(_____) _____

Medical Profile

Generally, Participant's health is: (Check one) ___ Excellent ___ Good ___ Fair ___ Poor

If fair or poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems and explain: ___ Asthma ___ Sinusitis ___ Bronchitis
___ Kidney Trouble ___ Heart Trouble ___ Diabetes ___ Dizziness ___ Stomach Upset ___ Hay Fever

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses: _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: ___ Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___ Other _____

Date of Tetanus Immunization: ___/___/___

Family Physician _____ Phone (____) _____

Insurance Company _____ Policy # _____

Subscriber Name _____ Subscriber Number _____

Place of Employment _____

Subscriber Occupation _____ Work Phone (____) _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Camp KidJam, camp or event sponsors, or state conventions and their employees from any and all claims, demands, actions or causes of action, past, present, or future, arising out of or caused by my child while participating in this camp or event or while on property leased or owned by Camp KidJam.

Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)

Participants Signature _____ Date: ___/___/___

Parent/Legal Guardian Signature _____ Phone(____) _____ Date ___/___/___

Notary Acknowledgement (Notary: please affix seal to both sheets)

State of _____

County of _____

Personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this ___ day of _____, 20__.

Notary Signature _____

My commission expires: _____

TENTATIVE SCHEDULE

DAY ONE

7:00am Load the bus
7:30am Scheduled leave time
12:30 – 3:00 Registration
1:00 – 3:00 Organized Activities during registration
3:30 – 4:00 Children's Minister Orientation
4:15 – 4:45 Camp-Wide Orientation
5:00 – 6:00 Dinner
6:15 – 7:45 Session
8:00 – 8:45 Small Group/Snack
8:45 – 9:20 Late Nite
9:30 – 10:00 Church Time
10:00 Lights Out

DAY TWO & THREE

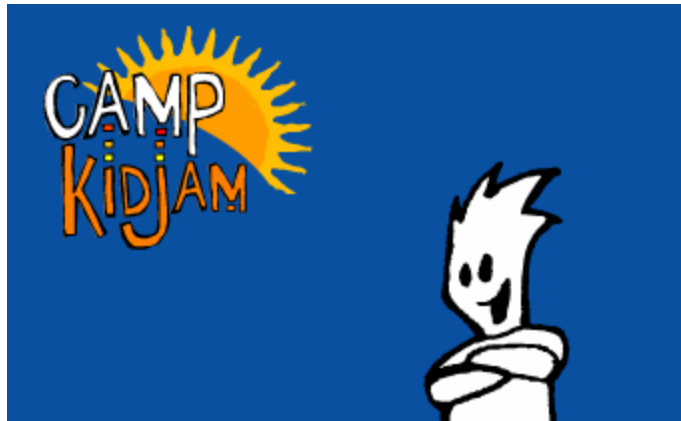
7:30 – 8:30 Breakfast
8:30 – 8:45 Quiet Time
9:00 – 10:15 Morning Jam Session (worship)
10:30–11:00 Small Group
11:15–12:30 Tracks
Leader Training

12:30 – 1:30 Lunch
1:45 – 3:15 Tracks
Leader Training
3:30 – 4:45 Free Time
5:00 – 6:00 Dinner
6:15 – 7:45 Evening Jam Session (worship)
8:00 – 8:45 Small Group/Snack
8:45 – 9:20 Late Nite
9:30 – 10:00 Church Time/Free Time
10:00 Lights Out

DAY FOUR

7:15 – 7:45 Wake Up, Pack Up
7:45 – 8:45 Breakfast
8:45 – 9:00 Quite Time
9:15 Last Session
10:30 Go Home
5pm Scheduled arrival back to church

T-Shirt Sizes



10-12: _____

14-16: _____

Small: _____

Medium: _____

Large: _____

X-Large: _____

XX-Large: _____

Camper's Name _____



What to bring

- Bible and pen
- 6 pairs of shorts (no "short" shorts – stand with your arms by your side, shorts should be longer than fingertips)
- 6 t-shirts (no spaghetti strap tank tops or midriff tops)
- Socks & tennis shoes for recreation (may want to send extra pair in case they get wet)
- One piece swimsuit for water games (no bikinis or tankinis)
- Beach towel for water games & swimming
- Towels & washcloths
- Linens (twin bed) or sleeping bag and pillow
- Shampoo, conditioner, soap or shower gel
- Deodorant
- Toothbrush & tooth paste
- Sunscreen
- Money for lunch going and coming home (fast food range)
- Spending money for snacks, t-shirts CDs, etc.
(we recommend no more than \$30)
- Bug Spray
- Backpack or other bag to carry belongings around camp
- Water bottle
- White pillowcase for activity (they will be writing on it)
- Plastic trash bag for dirty/wet clothes

What NOT to bring:

- Radios, video games, portable DVD players
- If you bring a CD player or iPod, you may only use them on the bus or in your room. NO CELL PHONES
- Tobacco, drugs or alcohol
- Weapons or pocket knives
- Fireworks
- Water balloons
- Lighters, matches
- A bad attitude