

CALUMET
LUTHERAN CAMP AND CONFERENCE CENTER
PO BOX 236 WEST OSSIPEE, NH 03890

Reservation Office 603-539-3223 x219
Fax 603-539-3385
julie@calumet.org

CONFIRMATION CAMP 2017

June 23 - 27 (Friday – Tuesday)
June 27 – July 1 (Tuesday – Saturday)

Confirmation youth from all over New England are encouraged to come to Calumet the last week of June for education, fellowship and recreation. There is time for your own confirmation curriculum, for community devotional experiences, for group-wide fun and for outdoor recreation. Calumet's mission is to support the congregations of the New England Synod of the Evangelical Lutheran Church in America.

Details:

- Length of stay – 4 nights / 5 days
 - Session I arrive Friday after supper – depart Tuesday after lunch
 - Session II arrive Tuesday after supper – depart Saturday after lunch
- Meals
 - Session I Saturday breakfast – Tuesday lunch
 - Session II Wednesday breakfast – Saturday lunch
- Cabin \$265/person
- Platform Tent/Barn \$235/person
- Campsite \$210/ person
- Campsite and cook your own meals / \$68 per person
(The price this year includes a snack bar fee of \$10 which covers Snack Bar visits on days 2-5 for 2 snacks per visit)

Lodging:

- Cabins have 10 beds (2 singles and 4 bunks)
- Platform tents have 10 beds (2 singles and 4 bunks)
- Barn has 4 rooms: one room has 10 beds, two have 12 beds and one has 14 beds (all bunkbeds)
- Bathroom facilities are located in separate nearby buildings
- You must provide your own sleeping bags and/or sheets and blankets, pillow and linens
- Males and females must be housed in separate buildings/rooms
- There must be an adult in each cabin and/or tent
- Campsites have water, electric and sewer hook-ups; you provide tents and all sleeping equipment; bathroom facilities are available nearby

Leadership and Supervision:

- At least one male adult and one female adult (over 18) are required per church. If that is not possible for your group, other churches are often willing to share. Please call Calumet for a list of churches attending so you can contact others to help you share supervision.
- Judy Smith is the Camp Director responsible for Confirmation Camp.

Medical Information:

- An American Camping Association Standardized Health Form is required for every participant.
- Calumet requires a new Health Form every year.
- State Law requires a health exam within 2 years of camp attendance.
- **Each person (including adults) in your group must have a doctor's examination and completed Health Form for attendance. All youth, clergy and adult advisors are required to have a Health Form.**
- **Health Forms must be received in the registration office by May 15, 2017.**
- A nurse is on duty 24 hours a day.

Food and Snacks:

- Calumet is famous for its great food. All meals are well balanced with seconds and thirds available! We plan our meals around what kids like and will eat, at the same time providing a large variety.
- Vegetarian options are available at every meal.
- Bag lunches are available on request.
- Nightly Snack Bar has candy, ice cream, chips, and soda.

Registration:

- To register, fill out the enclosed Participant List and mail to Calumet with a \$200 deposit.
- **The final participant list and the health forms are required by May 15, 2017.**
- The remainder of the fee can be paid upon arrival. Payment may be made by cash, check, Visa, MasterCard or American Express.

YOUTH GROUP PARTICIPANT LIST

Event:
Event Date:
Church Name:
Mailing Address:

Contact Person:
Email:
Phone:

Male Youth

Age

Female Youth

Age

Male Advisors

Female Advisors

Total _____

Total _____

Participant Total _____

Calumet PO Box 236 West Ossipee, NH 03890
603 539-3223 x 219 julie@calumet.org fax 603 539-3385

Sign-up Sheet (due by May 15)

Session I Session II

Church name _____ # of people _____

Requests will be processed on a first-come, first-serve basis

Calumet offers a variety of activities and services to enrich your time at camp. Your group may use canoes, kayaks or row boats by the Boat House, borrow canoes for extended trips, take a pontoon boat ride, have a cookout, order boxed lunches or sign up for a session at Rob World Adventure Course.

Please check the activities your group would like to do.

_____ Extended canoe trip with box lunch: (circle one)	Day 2	Day 3	Day 4
_____ Canoeing, boating or kayaking by the Boat House: (circle one)	Day 2	Day 3	Day 4
_____ Pontoon Boat ride (16 people per trip): (circle one)	Day 2	Day 3	Day 4
_____ Rob World (12 people per one hour session): (circle one)	Day 2	Day 3	Day 4
_____ Cookout – We’ll give you plenty of direction and all the supplies: (circle as many as you like)	Day 2	Day 3	Day 4
_____ Boxed Lunch for an offsite trip: (circle as many as you like)	Day 2	Day 3	Day 4

****Remind your campers to bring a water bottle and day pack to Camp for use on off-site trips.****

Please return as soon as possible
Calumet
PO Box 236
West Ossipee, NH 03890
julie@calumet.org

PARENTAL PERMISSION AND MEDICAL RELEASE

Important - Must be completed for attendance*

Parent/Guardian Authorizations:

The health history in this form is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996.

I hereby agree to the disclosure to camp representatives of the Protected Health Information of the person here-in described, as necessary: (i) To provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Calumet to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for use off camp.

I give permission for my child to be given the Over-the-Counter medications listed below (or generic equivalent), if needed, while at Calumet. Doses to be administered as per package directions. I have crossed off any medications I do not want my child to be given.

Over-the-Counter (OTC) Medication Regulations

Acetaminophen	Diphenhydramine (Benadryl)	Milk of Magnesia
Antifungal powder or cream	Epinephrine for treatment of anaphylaxis(epi pen)	Phenylephrine (Sudafed PE)
Aurogan (for ear pain)	Hydrocortisone Cream	Pseudoephedrine (Sudafed)
Bacitracin	Ibuprofen (Motrin, Advil)	Robitussin
Balmex	Immodium	Robitussin DM
Calamine/Caladryl Lotion	Loratadine (Claritin)	Sore Throat Lozenges
Cough Drops		Tums
Zyrtec		

With my signature I agree to the above parent/guardian authorizations and give my child permission to participate in all Calumet activities and programs.

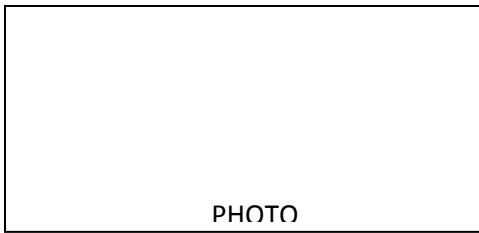
Camper Name: _____

↓ Signature of Parent/Guardian or Adult Camper/Staffer ↓

Signature _____

Print Name _____ Date _____

*If for religious reasons you cannot sign this, contact the camp for a legal waiver, which must be signed for attendance.



Calumet PO Box 236 West Ossipee, NH 03890
603 539-3223 Fax 603 539-3385

If your camper will be given medications while at Calumet, it would be helpful if you would include a small recent photo, for identification purposes.

Health History – Camper Name: _____

The following information **must be filled in** by the parent/guardian. The intent of this information is to provide camp health care personnel the background to provide appropriate care for the camper.
PLEASE keep a copy of all completed forms for your records.

ALLERGIES List all known and describe reaction and management of the reaction.

Medication allergies (list)

Food allergies (list) -

Other Allergies (list) include insect stings, hay fever, asthma, animal dander, etc.

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

Use this space to provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the camp should be aware. Have there been any recent family stresses – births, deaths, illnesses, moves, separations, divorces – that will impact their camp interactions or participation? Are there strategies that have helped the camper cope with concerns in the past?

IMPORTANT INFORMATION REGARDING MEDICATIONS TO BE TAKEN AT CAMP.....

1. Any medication that your Medical Provider requires to be administered at camp must be in its original pharmacy container labeled with the name of the person, name of the medication, dosage, and frequency of administration. Please send only the correct amount of medication. Your physician’s written authorization to administer medications *both prescribed and over-the-counter* meds not on the OTC list must appear on the health form.
2. All medicines are kept in the Health Center and administered by our nurses. The exceptions are: off-camp trips when Calumet staff give the medications under the direction of the nurse; asthma inhalers and epi-pens with the written authorization from your Health Care Provider for self-administration –on page six of this form. **Campers will not be allowed to carry an inhaler or epi-pen without this form.**
3. **Do not send non-prescription medications** (this includes vitamins, Tylenol, cold remedies, etc.). Our Health Center is well stocked with first aid and other medications for any conditions that might arise.
4. All medications should be picked up at the Health Center by a person age 18 or older before departing for home. All medications not picked up will be destroyed.

Camper Name: _____

General Questions (Explain "yes" answers below.)

Has or does the participant:

Yes

- 1. Have diabetes?
- 2. Have asthma?
- 3. Ever had an eating disorder?
- 4. Ever had emotional difficulties
- 5. Had any recent injury, illness or infectious disease?
- 6. Have a chronic or recurring illness / condition?
- 7. Ever been hospitalized?
- 8. Ever had surgery?
- 9. Have frequent headaches?
- 10. Ever had a head injury?
- 11. Ever been knocked unconscious?
- 12. Wear glasses, contacts, or protective eye wear?
- 13. Ever had frequent ear infections?
- 14. Ever passed out during or after exercise?
- 15. Ever been dizzy during or after exercise?

Yes

- 16. Ever had chest pain during or after exercise?
- 17. Ever had high blood pressure?
- 18. Ever been diagnosed with a heart murmur?
- 19. Ever had back problems?
- 20. Ever had problems with joints (e.g., knees, ankles)?
- 21. Have an orthodontic appliance being brought to camp?
- 22. Have any skin problems (e.g., itching, rash, acne)?
- 23. Had mononucleosis in the past 12 months?
- 24. Have problems with diarrhea or constipation?
- 25. Have problems with sleepwalking?
- 26. If female, have an abnormal menstrual history?
- 27. Have a history of bed-wetting?

Please explain any "yes" answers, noting the number of the questions.

We require an updated immunization record from a licensed health care provider.

If your camper is not immunized, we require a notarized immunization waiver. Please contact Julie at julie@calumet.org for the waiver.

<p>Name of family physician _____ Phone (_____) _____</p> <p>Address _____</p>
--

Health Care Recommendations -To be completed by Licensed Medical Provider

You may substitute your physician's generic form for this page
as long as the information provided is comparable.

Camper Name _____ *** I EXAMINED THIS INDIVIDUAL ON _____ (Date)**
(ACA accreditation and State of NH requirements specify exams within 24 months of camp attendance.)

*DOB _____ * Weight _____ * Height _____ *BP _____

In my opinion, the above camper is is not able to participate in an active camp program.

The camper is current on all immunizations. Yes No **Please include a current immunization record**

The camper is under the care of a physician for the following conditions _____

Recommendations and Restrictions at Camp

Treatment to be continued at camp _____

Medications to be administered at camp (name, dosage, frequency)

Med: _____ Dosage: _____ Frequency: _____

Med: _____ Dosage: _____ Frequency: _____

Med: _____ Dosage: _____ Frequency: _____

Med: _____ Dosage: _____ Frequency: _____

Any medically-prescribed meal plan or dietary restrictions _____

Known allergies _____

Description of any limitation or restriction on camp activities _____

Additional information for health care staff at the camp _____

Signature of Licensed Medical Provider – **Updated signature required each year**

*Signature _____

*Print Name _____

*Title _____ *Date _____

*Address _____

*Phone (_____) _____ *Fax (_____) _____

ASTHMA INHALER AND EPI PEN PERMISSION FORM

Pursuant to NH Law the following must be completed and submitted 4-weeks prior to attendance in order for your child to possess and use an asthma inhaler or epinephrine auto-injector.

Camper Name _____ Date of Birth _____
Permission is granted to Camp Calumet to allow my child to possess and use an <input type="checkbox"/> Asthma inhaler / <input type="checkbox"/> Epinephrine Auto-Injector
Parent / Guardian Signature _____
Print name _____ Date _____

LICENSED MEDICAL PERSONNEL must complete the following for use of the above

Asthma inhaler / Epinephrine Auto-Injector

- 1) Name of medication _____
- 2) Date of Medication Order _____
- 3) Route and Dosage of Medication _____
- 4) Frequency and Time of Medication Administration or Assistance _____

- 5) Diagnosis and Any Other Medical Conditions Requiring Medications _____

- 6) Any Special Side Effects, Contraindications and Adverse Reactions to be observed? _____

- 7) Any severe adverse reactions that may occur to another child for whom the epinephrine auto-injector is not prescribed, should such a child receive a dose of medication? _____
- 8) Name of each required medication _____

I hereby verify that _____ has a valid prescription, and the knowledge and skills to safely possess and use the following at Camp Calumet:

Asthma Inhaler Epinephrine Auto-Injector

Licensed Medical Personnel Signature _____

Date _____ Print name _____

Business Phone (____) _____ Emergency Phone (____) _____

If any of these criteria are not met, Calumet will not be able to allow your child to carry or store an asthma inhaler or epi-pen in the cabin/tent. Please contact Calumet with any questions regarding this policy.

Calumet Lutheran Camp and Conference Center Youth
Advisor Statement of Support for Rules

As an Adult Youth Leader supervising youth at Calumet, I understand how important it is to refrain from engaging in activity or conversation that would make me vulnerable to any allegation of sexual abuse, sexual harassment, or any form of sexual misconduct. In addition, I have read and fully understand and pledge my support and cooperation to the following statement:

Sexual Conduct: Youth Advisors are expected to give equal attention to all youth. Youth Advisors are expected to conduct themselves in the highest manner of propriety and respect for others and not to put any other people in intimidating, uncomfortable, or threatening situations. Therefore, Youth Advisors are not allowed to pursue or engage in or accept sexual or romantic relationships with youth during the retreat and Calumet strongly discourages such relationships after returning home. Sexual harassment will not be tolerated at any time at Calumet. Sexual harassment is defined as any verbal or physical sexual advance, suggestion, or conduct that is unwelcome or conduct which creates an offensive, hostile, or intimidating environment. This may include, but is not limited to verbal abuse, joking, or telling stories or jokes, innuendoes, unnecessary physical conduct, suggestive physical behavior, requesting, suggesting, or demanding sexual favors with implied or overt threats or physical assault which is legally defined as uninvited physical conduct. The ELCA is committed to end all sexual harassment and abuse in the church, and it will not be tolerated at Calumet.

Youth Advisors involved in romantic relationships with other advisors shall maintain discretion and minimize public displays of affection. Excessive public displays of affection may be misunderstood or suggest to others that such conduct is acceptable.

Youth Advisors are expected to monitor and be aware of developing romantic relationships between youth so that youth are not threatened, harassed, or intimidated by the conduct of others. In the course of discussions on human sexuality, your responsibility is to counsel that marriage is the appropriate context for sexual intercourse. This represents the prevailing position of the ELCA. Under no circumstances will you discuss your personal sexual experiences, nor will you discuss your beliefs if they are contrary to the above position. Calumet is meant to be a community experience; therefore, excessive time away from group activity by individuals or small groups of individuals is not acceptable. If you encounter any instances of sexual harassment (as defined in the above paragraph), your responsibility is to intervene to stop the behavior. If the behavior does not stop, report the behavior to a Camp Director or the Executive Director immediately.

New Hampshire law requires that any sexual abuse of a minor (person under 18 years old) be reported to the State under RSA 169-C:29 which requires "...any...person having reason to suspect that a child has been abused or neglected shall report the same in accordance with this chapter" which requires reporting to the police or Division of Child & Youth Services of the State of New Hampshire. In the event anyone believes that a person has been sexually abused or mistreated, any such incident shall be reported to a Camp Director or the Executive Director immediately. There is a similar requirement for abuse of mentally handicapped persons of any age.

Sexual harassment, conduct, or abuse in violation of this statute may and probably will result in the termination of service and/or other appropriate discipline.

If you feel that you or anyone else has been sexually harassed or were treated in violation of this provision, please report it immediately to a Camp Director or the Executive Director.

Signature of Youth Advisor:

Witness:

Print Name:

Date:

Rules

- Everyone must be in his or her own cabin from 11 PM until 7 AM.
- Alcoholic beverages or any non-prescribed drugs are not allowed.
- The use of tobacco products is not allowed.
- Swimming and other waterfront activities are allowed only during times when lifeguards approved by the Camp Director are on duty.
- Violation of any of these rules will be cause for parents to be notified and dismissal from Calumet as soon as transportation can be arranged.
- Participation in all scheduled events is expected and required of all who participate in a Calumet event.

Expectations for Adult Leaders Who Accompany Groups

- You will be assigned a cabin with some of the children you accompany to the retreat. There may also be children from another group in the same cabin. You are expected to get to know all of them and be in charge of making sure all rules for this event are followed.
- If anyone has to be a disciplinarian, you are expected to be the one who fills that role. Every youth leader will read completely and sign a “Volunteer Statement in Support of the Rules” upon arrival at Calumet.
- Talk over any discipline problems with the Calumet person in charge of the retreat.
- Your active participation and leadership in all discussion group sessions, recreation events, and total community events is expected.
- Do not let any violation of rules go without confrontation.
- Make sure all of your group members are in their own cabins no later than 11:00 pm.
- Before you leave home, make sure every participant has signed the participant agreement and a parent or guardian has signed the authorization.
- Relax, have fun, enjoy being with the kids, and get to know them.

Your commitment to youth ministry in the New England Synod inspires the rest of us and we are grateful for your dedication.

THANK YOU
