

VFW CAMP TROTTER SUMMER CAMP APPLICATION  
ALL CAMPERS WILL HAVE A HEALTH SCREENING AT  
CHECK IN PLEASE FILL OUT COMPLETLEY  
**EFFECTIVE 2/1/22 CAMP COST IS \$300 – WE DO NOT ACCEPT CREDIT CARDS**

Camper's Gender: Male or Female                      Campers age at camp time: \_\_\_\_\_  
Camper Shirt Size (Please Circle One):              Adult: S M L XL 2X              YOUTH: S M L XL  
Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Post/Aux. Contact Person and Post#: \_\_\_\_\_

Post/Aux. Contact Person PH # \_\_\_\_\_

2022 Camping Sessions

\*Camp starts on Sunday and ends on Saturday\*

Week 1: July 10 – July 16                      Week 3: July 24 – July 30  
Week 2: July 17 – July 23                      Week 4: July 31 – August 6

1ST Week Choice: \_\_\_\_\_

2ND Week Choice: \_\_\_\_\_

A complete packet will be mailed out once this form is turned in with payment. If you list an email, then the packet will be emailed instead of being mailed. Please return the packet with the proper forms that are required BEFORE attending camp!

VFW  
Camp Trotter  
Camp for Children  
5566 86th Street  
Newaygo, MI 49337

Session # \_\_\_\_\_

Cabin # \_\_\_\_\_

**CAMP USE ONLY**

Health Screener Initials:  
\_\_\_\_\_

Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Temp: \_\_\_\_\_

Head Check \_\_\_\_\_

ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Campers Name:

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ MI

Male/Female Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

**Parent/ Guardian Authorization and Consent to Treat:**

*If for any reason you wish not to authorize treatment, please attach a letter of explanation.*

I attest that my child (child's name) \_\_\_\_\_ is in good health and able to actively participate in camp activities except as noted on this form. I take full responsibility to see that my child is properly prepared for camp including having proper clothing, equipment and being in good health.

I authorize the camp to provide routine health care, administer prescribed and over the counter medications that I am sending to camp, as well as any medication recommended by the camp's health care staff. For various problems except as I have noted in this form. I authorize the camp to share information on this Health History documentation with selected camp staff (counselors, health care, etc.) and professional health care providers on a need to know basis.

In case of medical emergency or need for medical treatment, after every reasonable effort has been made to contact me, the family physician or one of the alternates listed on this form or my child's camp registration form, I hereby give my permission to the camp physician or emergency physician to treat my child as necessary. I authorize the camp to arrange transportation from the camp to a medical care facility for treatment. I understand that I am financial responsible for any fees that may occur for transportation or treatment to my child (MCLA Act 116 Public Act of 1973).

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_ I approve pictures to be taken of my child and potentially be used as advertisement on the Camp Website or Facebook page.

## Medical Insurance and Physical Information

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Primary Insured \_\_\_\_\_

Campers Physician \_\_\_\_\_

Physician Phone # \_\_\_\_\_

## Parent/ Guardian Contact Information

Parents/ Guardian with legal custody for emergencies

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Second Parent/ Guardian:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Alternate Contacts (authorized to pick child up at camp)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Is there anyone to whom your child cannot be released?

\_\_\_\_\_

**Allergies:** *(Please list all known allergies, including reactions and treatment to be given)*

- No Allergies
- Food Allergies
- Medications
- Environmental
- Other

**Diet and Nutrition:** please check all that apply, give specifics so we can help meet your child's nutritional needs.

- Camper eats a normal diet
- Vegetarian / Vegan
- PKU
- Picky Eater (what do they eat)
- Lactose Intolerant/ no dairy
- Gluten Intolerant
- Other (be specific)

**Health History:**

- Asthma
- Surgery
- Chronic Illnesses
- Nightmares
- Hospitalizations
- Seizures
- Recent Injuries
- Bed Wetting
- Migraines
- Heart Problems
- Physical Disabilities
- Sleep Walking
- Diabetes
- Mononucleosis
- Skin Disorders
- Other

Please explain any items check above:

Any restrictions on the camper's activities while at camp? If yes, explain.

**Mental & Emotional Health:**

- ADD
- AD/HD
- ANXIETY
- OCD
- PTSD
- ODD
- Depression
- Learning Disability
- Eating Disorder
- Developmental Disabilities
- Other

Please explain any items checked above:

Any home, family, school or life experiences or circumstances that camp staff should know about? Please explain:

**Anything else we should know about your child:**

**Medications: All medications must be in Campers name, original container with and Original label!!**

Medication Name	Reason for Medication?	Amount or dose given?	When is it given? (circle)	How is it given?
			Breakfast Lunch 3pm Dinner 8pm/beditme	
			Breakfast Lunch 3pm Dinner 8pm/beditme	
			Breakfast Lunch 3pm Dinner 8pm/beditme	
			Breakfast Lunch 3pm Dinner 8pm/beditme	
			Breakfast Lunch 3pm Dinner 8pm/beditme	
			Breakfast Lunch 3pm Dinner 8pm/beditme	
			Breakfast Lunch 3pm Dinner 8pm/beditme	

Attach a separate sheet of paper for additional medications

**\* Immunizations: Please attach a copy of the campers current/ up to date record.**

**Has your child had the chicken pox? \_\_\_\_\_**

## Health Clinic:

The following is a list of medication currently stocked in the health officer's clinic to be administered on as needed basis. Please cross out of any of them you do not want your camper to have (name brand or generic).

Tylenol	Turns	Insect repellent
Aleve	Pepto Bismol	Sunscreen
Ibuprofen	Altoids	Aloe Vera
Benadryl	Kaopectate	Calamine/Caladryl Lotion
Sudafed	Milk of Magnesia	Skin Moisturizer
Chlor-trimeton	Gatorade	Baking Soda/Meat tenderizer
Robitussin	lice shampoo	Hydrocortisone
Clariton/zytrec	medicated powder	Antibiotic ointment
Chloraseptic Spray	herbal tea	Sweet oil
Cough Drops	Anti-fungal cream	deodorant

## **Camper Code of Conduct:**

Parents: The following are Camp Trotters behavior expectations for campers during the camp session. Please read through the Code of Conduct with your child before camp starts.

While at Camp Trotter I agree to:

- ξ Be a responsible member of the camp community
- ξ Be respectful of the staff
- ξ Be respectful of the buildings and equipment
- ξ Be considerate & respectful of others' feeling, belongings and needs
- ξ Think in advance about the consequences of my actions
- ξ Assure my own and others safety
- ξ Resolve differences in a respectful manner
- ξ Protect the natural environment
- ξ Commit to honest
- ξ Commit to try
- ξ Not to be a bully

Camper Signature: \_\_\_\_\_

Campers, on the back of this page, please tell us about yourself and what you are looking forward to at camp this season.

# Camp Packing List

**\*\*\*Face covering due to COVID-19\*\*\***

**Bedding:** Fitted Sheet (twin), Pillow, Blanket or Sleeping Bag

**Clothing:** For 6 days

T- Shirts	Sweat Pants	Under clothes / Socks
Sneakers	Flip Flops	Shorts
Water Shoes	Play Clothes	PJ
Bathing Suit	Jacket	Sweatshirt

**\*\*\*Clothes for the Dance (optional)**

**\*place outfits in plastic shopping bags to help younger kids stay organized\***

**Personal Care Items:**

Body wash	Shampoo	Deodorant
Tooth Brush/Paste	Comb/Brush	Lotion
Bath Towel	Washcloth	

**Misc:**

Water Bottle	Sun Screen	Bug Spray
Beach Towel	Post Card/Stamps	Flash Light
Camera (optional)	Sunglasses (optional)	

**DO NOT BRING:** Cell Phones    Music Players    Tablets

Food    Expensive Clothing    Anything of Value

Jewelry    Money    Sentimental Items

**Medication:** ALL medications must be in their original container and labeled with the child's name. Correct dosage must also be on label. **(This is a State Law)**