



Dear Campers and Parents:

Camp Odayin is just around the corner, and we are looking forward to five fun filled days at the Dodge Nature Center in West St. Paul, MN. This packet provides you with valuable information about camp, including pick up and drop off information, a list of camper expectations, important details about camper medications, a general release form and more.

The forms in this packet must be completed and returned to the Camp Odayin office by July 1, 2010

We invite parents/guardians to join us on Monday, August 2nd for the first half-hour of camp for a parent orientation. You can also take this opportunity to arrange carpools with other parents.

Many aspects of the day camp program mirror our resident program. In order for your child to get the full benefit of our program we expect attendance every day. Day Camp will be staffed with counselors, a director and a nurse. We will also have a pediatric cardiologist on call. We are all so excited for our sixth year of Day Camp and we are so glad that your child will be joining us!

If you have questions prior to camp, please contact us at 651.351.9185. We are looking forward to a fabulous camping season. See you soon!

Sincerely,

Sara Meslow
Executive Director

Alison Boerner
Day Camp Director

CONTACT INFO

If you need to contact us **during** camp please call the camp emergency cell phone at 651.491.3035 or call the Dodge Nature Center at 651.455.4531 and ask for Alison Boerner with Camp Odayin. For any questions/concerns before the week of Day Camp, please call the Camp Odayin office at 651.351.9185 and leave a message.

CAPTURING THE FUN

We do our best to post daily pictures on the Camp Odayin website for friends and family to see all the **BIG** fun we have. Log on to www.campodayin.org each day to see what we're up to!

PICK-UP AND DROP-OFF INFO

All campers must arrive at camp by 8:30 am each morning. Again, on Monday morning we invite parents to join us for the first half hour. We will use this time to fill you in on the week's highlights and answer any of your questions. You may also discuss the possibility of carpooling with other families for the remainder of the week.

Campers will be met by their counselors each morning at the Dodge Nature Center parking lot at 1701 Charlton Street, West St. Paul, MN 55118 and will return at 12:00pm for pick-up. You should look for the Farm Education Building sign and staff in a Camp Odayin shirt.

Please let us know the name of anyone who might pick-up your child on the enclosed General Release Form. We will ask to see a drivers license before we release a camper to anyone other than a parent/guardian.

Parents are also welcome to join us on Friday at 11:30am as we bring our week to a close.

MEDICAL ATTENTION

If your child should need medical attention, he/she will be evaluated by the nurse on site. Depending on the nature of the event, one of three options will occur.

MINOR - Our camp nurse will treat and monitor until no further attention is needed. You will not be called.

NON - URGENT - If additional medical attention is needed, you will be contacted and your child may be transported off site.

URGENT - If your child should need advanced medical care, paramedics will be called and you will be contacted immediately.

IMPORTANT MEDICATION INFO

It is our hope that we will not need to administer medications during Day Camp. If your child has a medication that must be taken while at camp please follow these instructions:

- ♥ Please place ALL medications in a zip lock bag with your child's name on the outside of the bag.
- ♥ Each medication bottle needs to be the original prescription bottle, clearly labeled with the camper name, medication name, and dosage.
- ♥ Please put medications requiring refrigeration in a separate bag with "needs refrigeration" and the camper's name written on the bag.
- ♥ Please do not send any over-the-counter medications with your child
- ♥ All medications must be turned in to the nurse each morning. At no time during camp are campers allowed to carry or be responsible for their own medication.

HAPPY CAMPER

It is our hope that your children come home from Day Camp happy and confident, with memories and friendships that will last a lifetime. Whether your child is a first time camper or a veteran, there are some important things you can do before your child even sets foot in Day Camp that will help them have a successful experience. Take a look at some of our "tips" and thank you for sharing your child with us!

- ♥ Make sure your camper has everything on the packing list, knows where it is in their bag and why they might need it.
- ♥ Discuss what Day Camp will be like. Visit our website to look at pictures from last year's Day Camp and call the camp office if you have questions.
- ♥ Make sure your child knows that you will not talk by phone while they are at Day Camp. Let them know they can go to their counselors or nurse with ANYTHING they might need, or with any issues they're having.
- ♥ If your child is hesitant about going to Day Camp, don't bribe. Linking a successful experience at camp to a material object can send the wrong message. The reward should be your child's new found confidence and independence!
- ♥ Label everything your child brings to Day Camp!
- ♥ Let your child know that you'll be seeing all of the fun they have through the website photos!
- ♥ Avoid "escape clauses." Telling your child that you can pick them up early if they aren't happy sets them up for failure. If they are feeling nervous, emphasize all of the fun times, new activities and nice people at camp.

GET YOUR ODAYIN GEAR

For those of you who would like to support Camp Odayin further, we are offering awesome hats, sweatshirts, sweatpants, track jackets, bags and much more for sale on Monday morning. We have items in adult and child sizes, and all proceeds benefit Camp Odayin. Camp Odayin gear can also be purchased through our website! New inventory will be posted on line by Monday, June 28th.

WHAT TO BRING TO CAMP

We want your child to either wear the following items each day or bring a backpack with them. Please make sure that all items are marked with your child's name as Camp Odayin is not responsible for lost items.

- Tennis shoes (closed toe—no flip flops or sandals—we will be doing light hiking and active games)
- Sunscreen (please apply at home)
- Bug Spray (please apply at home)
- One hat
- Outfits / costumes for special events (see below)
- All medicine in zip lock bag
- Sweatshirt or warm sweater (mornings can get chilly)
- Rain jacket or windbreaker (per weather forecast)

Optional items: camera and sunglasses

Please **do not** send food, candy, gum, money, video games, iPods, valuables, water guns, cellular phones, pagers, skateboards, scooters, or sharp items with your child. Thank you!

CRAZY STUFF TO PACK

An e-mail will be sent to all families in June with your "fun" packing list. Please try to bring some special clothes for these events. Check the closet, visit your local thrift store, and hit the garage sales (don't spend \$\$\$\$ - this is camp and things can get dirty...).

GREAT NON-PROFITS!

We are so proud of the fantastic things folks have to say about their experiences at Camp Odayin. Click on this link to read more..... <http://www.greatnonprofits.org/reviews/camp-odayin>

FAMILY CAMP

Join the Odayin family for an awesome weekend at Family Camp in Hudson, WI October 22-24. Registration information will be mailed to all campers in August.

HEART & SOLE

Save the date - September 11th, 2010 for our annual 5k run and 2.5k walk to support Camp Odayin!

*Please fill out this packet of forms and return to us by July 1, 2010.
Camp Odayin PO Box 2068 Stillwater, MN 55082
Please include a recent picture of your child.*

GENERAL INFORMATION

Camper Name: _____ Nickname: _____ Birth date: _____

Home Address: _____

Home Phone: _____ Gender: Male Female

CAMPER T-SHIRT SIZE: Youth size: small medium large

OR

Adult size: small medium large

Please complete this form **entirely** so we can contact you in case of an emergency.

Camper's Parent/Guardian: _____ **Guardian Mobile Phone/Pager:** _____

Guardian Daytime Phone: _____ **Guardian Evening Phone:** _____

Camper's Parent/Guardian: _____ **Guardian Mobile Phone/Pager:** _____

Guardian Daytime Phone: _____ **Guardian Evening Phone:** _____

Other Emergency Contact Name: _____

Relationship to Camper: _____

Contact Phone #s: _____

Is there anything you would like to share with us regarding your child to help make their time at camp successful?

GENERAL RELEASE FORM & CAMPER EXPECTATIONS

I give permission for my child to attend Camp Odayin at Dodge Nature Center and participate in the scheduled program. I give permission for my child to participate in camp activities including hiking and active games if they choose. I acknowledge my child may be exposed to weather / environment hazards over which we have no control.

In the event of an emergency where my child should need medical attention, permission is granted to the medical staff of Camp Odayin to authorize necessary care. I give permission for the camp staff to provide necessary first aid to my child in the event of injury or illness, and/or transport my child to Children's Hospital in St. Paul, MN if needed. I also agree to the release of any records necessary for treatment. In the event I cannot be reached from the hospital, I give permission for the medical staff to provide the care deemed necessary for my child's benefit. In the event my child becomes ill and cannot continue at camp, I as parent / guardian assume responsibility for my child's transportation. I also agree to hold harmless Camp Odayin, Dodge Nature Center and its representatives from any and all injuries that may occur to my child while at camp, being transported to and from camp, and all claims or actions arising out of my child's participation at Camp Odayin.

I give permission for photographs / video to be taken of my child to be used for publicity purposes by Camp Odayin and Dodge Nature Center. I consent that the photographs are the property of Camp Odayin and Camp Odayin shall have the right to duplicate and reproduce these photos as they desire free and clear of any claims on my part.

Our hope is that Camp Odayin will be a place for campers to make friends and find support. In order for Camp Odayin to be safe, fun and enjoyable for everyone, there are some expectations we'd like you to share with your child before coming to camp. Please read and discuss the following expectations with your child.

- Campers must treat every person (campers and staff) at Camp with respect and consideration. We will not tolerate intimidation, verbal or physical abuse, or destruction of property.
- Camp is a group experience. For camp to run successfully, everyone must cooperate and comply with the camp code of conduct (established by camp group on Monday morning).
- Guns, knives, slingshots, fireworks or any other kinds of weapons are not allowed at camp.
- Physical behavior is not appropriate or acceptable at camp. Cussing, swearing and foul language is not acceptable at Camp Odayin.

If at any time during camp, these expectations are broken or we feel a camper's behavior takes away from a positive camping experience, the parents / guardian will be notified.

- I give permission for my child's name and family email address to be shared with other Camp Odayin families.
- I do not give permission for my child's name and family email address to be shared with other Camp Odayin families.

We will only release your child to those listed on the general information form. Who will be picking up and dropping off your child? _____

(If this person becomes unable to pick up your child, please contact the camp office.)

We have read, discussed and understand the above camper expectations:

Camper Signature: _____

Parent/ Guardian Signature: _____ Date: _____

DAY CAMPER PHYSICAL EXAM FORM

(To be filled out by your child's primary care physician, not a cardiologist)

Dear Doctor: This child has already been recommended to Camp Odayin by their cardiologist and approved by our Medical Director. Please provide us additional health information after performing a physical examination.

Camper Name: _____ Height _____ Weight _____

Please tell us about any special health conditions aside from heart disease (i.e. asthma, behavioral or developmental problems, seizures, hearing or visual impairment, etc.)

Immunization history: Tetanus Booster ___/___/___ Polio Series ___/___/___
(please provide dates) Measles ___/___/___ Mumps ___/___/___
DPT series ___/___/___ Chicken Pox ___/___/___

Allergies (Medication, food or environmental):

Allergy _____ Reaction _____
Allergy _____ Reaction _____
Allergy _____ Reaction _____
Allergy _____ Reaction _____

Please list non-cardiac surgeries / medical procedures and dates performed:

Treatments to be continued at day camp (aside from cardiac):

Description of any limitations or restrictions while at day camp (aside from cardiac):

Additional information for medical staff at day camp:

Special dietary needs / restrictions: (a snack will be served each day)

Physician Name: _____

Physician Signature: _____

Address: _____

Phone Number: _____ Fax number: _____

CURRENT MEDICATION

Please fill out this form listing the medications your child is currently taking, include both what they will take while at camp and home. Follow all instructions regarding medications as they are explained in this packet. REMEMBER TO NOTIFY THE NURSE AT CAMP ON MONDAY AUGUST 2ND OF ANY CHANGES IN MEDICATION.

<u>Medication</u>	<u>Dosage</u>	<u>Time/Frequency</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Specific instructions for the medications listed above:

For internal nursing use only:

Has this camper been recently exposed to mumps? yes no

Has this camper been recently exposed to chicken pox? yes no

Has this camper been recently exposed to head lice? yes no