



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

IT'S THE MOST WONDERFUL TIME OF THE YEAR

Winter Camp at Immokalee

JANUARY 1 – 5

Join us for a session full of holiday and New Year activities, including tried and true favorites like **zip line**, **archery**, **boating**, and of course, the **polar plunge**. A **horseback trail ride** can be added to the session for \$15, for extra merry fun. This is also a perfect "mini-session" for younger campers, and those new to camp looking for a sneak peek at what summer camp is all about.

LEARN MORE AND REGISTER AT

Camp.FirstCoastYMCA.org





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CAMP IMMOKALEE

Program Handbook

Staff

Our Camp Immokalee staff is dedicated to making your child's Winter Camp experience exciting, safe and memorable. Should you ever have any questions about Camp Immokalee, our policies or procedures, please feel free to contact us at any time.

Theresa Serr, Executive Director

Theresa began her YMCA and camping career with the Detroit Y in 1986. In 1996, she moved to Alaska and spent 16 exiting years in working in Outdoor Programs in "The Great Land." Theresa is an American Camp Association associate standards visitor, and a Weikert Center for Youth Program Quality assessor. Her undergrad degree is in Recreation and Park Management, and her graduate degrees are in Public Administration and Organizational Leadership. She is very glad and excited to be a part of the Immokalee family, and proud to steward camp for many seasons to come!

What You Will Find in This Packet

All the information you will need for your camper's participation in winter camp! Information that includes activities, daily schedule, packing list, arrivals & departures, medical and medications, directions, and much more! As always, please feel free to call the camp office 352.473.4213 with any questions. We look forward to having your camper here for winter camp this year!

Information for Families

Welcome to YMCA Camp Immokalee's Winter Program Handbook! We can't wait to make your child's experience at winter camp both exciting and memorable. We hope your child will love Immokalee so much that he/she will want to return for spring camp, summer camp, and winter camps... well into the future! Please read through this handbook thoroughly, as there are some changes from the summer handbook. Also please keep this as a reference when your child goes to camp.

This handbook is designed to make you and your camper familiar with the Camp Immokalee winter program, along with our policies and procedures. If you have any questions, please call the camp office at 352.473.4213.

What should I do to help my child prepare for camp?

Campers will take care of themselves, their belongings, and make their own beds with counselor supervision. We therefore encourage you to let them help with their own packing (or do it themselves if old enough) and don't worry too much about neatness! One of the greatest things a child can learn from camp is responsibility. Support your camper's decision to go to winter camp and concentrate on the many new, exciting experiences ahead!

Camp Fees

Camp fees should have all been paid upon registration for winter camp, including the optional paintball and horseback riding fees. We are unable to guarantee a space for your camper if fees are not paid in full at least 2 weeks prior to camp.

Activities

Activities will include: archery, BB's, sports, crafts, games, boating, and more. Each day campers will have activities that they will participate in with their age/cabin group as well as activities that they will select individually. Campers who pre-register for the horseback riding programs will be assigned a designated time for their ride.

HORSEBACK RIDING - Campers will have the opportunity to learn to care for the horses, ride in the ring and on the trail, and make a new friend. Space is extremely limited, so make sure your camper is signed up today!

Arrivals & Departures

Arrival begins at 4:00 pm on Tuesday, January 1st, and end at 6:00 p.m. Please plan to arrive at camp no later than 5:30.

Departure is 9:00-10:00 am Saturday, January 5th.

Discipline Policies

While the YMCA will make every attempt to provide reasonable accommodations, the YMCA will not accept children that are (1) of a danger to themselves or others, or (2) a disruption to the normal activities, making it impossible for other children to enjoy camp. Any of the above reasons will be grounds for dismissal from Camp Immokalee with no refund of tuition or fees paid.

What does Winter Camp week look like?

Tuesday

Check in between 4:00pm – 6:00pm

Dinner 6:30pm

Evening program 7:30pm – 8:30pm

Wednesday/Thursday/Friday

Flag raising/opening circle 7:45

Breakfast 8:00am

Activity Rotations

9:00-12:00

Lunch 12:30

Rest hour 1:15pm – 2:15pm (day camp activity block)

Camper Choice Activity 2:30pm – 3:30pm

Snack 3:30pm – 4:00pm

Camper Choice Activity 4:00pm – 5:00pm

Flag Lowering/Hoppers 5:15

Dinner 5:30pm

Evening Activity 7:00-8:30

8:30 Eve snack

9:00 back to cabins

10:00 lights out

Saturday

Breakfast in bed 7:30

Departure from dining hall 9-10:00am

What should I bring to camp?

Below is a list of necessary and optional items a camper should take to camp. A sleeping bag is recommended, as it may get chilly during the evening. Cabins do have heaters, but a warm sleeping bag can ensure a good night's rest. Personal belongings should be plainly marked for identification.

- Sleeping bag with sheer liner or 1 blanket with set of single bed sheets
- Pillow
- 2 towels
- 2 washcloths
- Bathing suit
- 2 pair of comfortable pants or jeans
- Underwear, shorts, socks and T-shirts
- Light sweater or jacket
- Rain gear
- 2 pair shoes (one being tennis shoes)
- Wash kit: soap, toothbrush, toothpaste, shampoo, comb, brush
- Sunblock/suntan lotion
- Insect repellent
- Hat or cap for sun protection
- Flashlight
- **Water bottle**
- **Backpack/daypack**

Anything Extra?

Horseback riding campers will need a pair of long pants and hard soled shoes. Camp will provide all necessary safety equipment for these campers.

What about lost & found?

All unclaimed articles will be brought to the camp office on the afternoon of departure. Please check if you think your camper is missing an item. Any unclaimed clothing will be donated to a local charity.

What about homesickness?

When children are away from home for the first time, it is reasonable to assume that until they become adjusted to the camp environment, they may experience several days of mild to severe homesickness. Understanding parents realize that it is something that a child may need to experience and see through to the finish if he or she is to gain the degree of independence that is necessary to make the camper a self-reliant individual. If you suspect that your camper may become homesick, don't delay your departure from camp—he or she will be in great hands with our amazing camp staff! If you feel there is a problem, please do not hesitate to reach out to the Camp Director. They will make every effort to keep you informed of your child's progress adjusting to camp life.

Communication with Camp/Campers

In the case of an emergency at home or camp, there is a camp telephone available in the office. The phone number is 352.473.4213. Messages will be delivered to campers. Campers will not be permitted personal use of the camp phone unless there is an emergency. You can also email the office or your camper at Immokalee@firstcoastymca.org

Please do not bring your child's cell phone to camp. Cell phones take away from the acquired independence and self-reliance that is so vital to the camper's experience. Campers are not allowed to keep cell phones in their cabins. If they bring their cell phones to camp, we will collect them and keep them in the office for safekeeping. If you require a phone call with your child, please contact the office and we will make arrangements for your child to call you.

What is camp policy on refunds?

Camp fees are non-refundable except in very exceptional circumstances usually involving illness of sufficient seriousness to require withdrawal based on the advice of a physician. It should be clearly understood that minor illness, homesickness, failure to abide by camp policies/rules, and change in plans on the part of parents are not sufficient grounds to warrant a refund. When a refund is granted, it will be the prorated portion of tuition paid. Any camp session cancellation within two weeks of scheduled arrival date will require payment of full camp fee.

Medical Questions:

Does my child need a physical to participate in resident winter camp? Yes. If your child attended summer camp in 2018, you need not resubmit the physical form. We would request, however, that you update their health history pages. If your child did not attend summer camp in 2018, then a physical will be required.

What about medications? Medications must be brought to camp in the **ORIGINAL** container issued by the physician or pharmacist. Labels must include the camper's name and the name of the medication. Upon arrival at camp, these will be turned in at check in.

Medical Care? Staff are First Aid and CPR/PR certified. In case of emergencies, St. Vincent's in Middleburg accepts our campers. Parents/guardians are contacted in emergencies and if camper is in health center more than 4 hours.

Direction to Camp Immokalee:

From Jacksonville: Take Route 21 (Blanding Blvd) south towards Keystone Heights (approximately 34 miles from I-295). Turn right on Immokalee Road, which is just before you enter Keystone Heights (approximately 17 miles south of the junction of Rt. 21 and Rt. 16). Look for our signs. The entrance to camp is 1.5 miles on the left. Please turn in next to the dining hall. If you are coming from some other direction than Jacksonville, please call the camp office and we will be glad to assist you with the best directions to get to us! You can also get directions at www.maps.google.com.

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. (Please describe below.)

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____
Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

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

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Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
 First Middle Last
 Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis ★ (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella ★ (MMR)						
Polio ★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox) <input type="checkbox"/> Had chicken pox Date: _____						
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- | | |
|-----------------------------------------------------------|---------------------------------------------------------------|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

**CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: *American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses*

Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimite)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 12 months.

Weight: _____ lbs Height: _____ft____in Blood Pressure _____/____

Allergies: No Known Allergies

To foods (*list*):

To medications: (*list*):

To the environment (*insect stings, hay fever, etc.— list*):

Other allergies: (*list*):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet, Has a medically prescribed meal plan or dietary restrictions: (*describe below*)

The camper is undergoing treatment at this time for the following conditions: (*describe below*) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (*name, dose, frequency—describe below*)

Other treatments/therapies to be continued at camp: (*describe below*) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (*describe below—attach additional information if needed*)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____

Camper Name _____

First

Middle

Last

(For Camp Use) Cabin or Group _____

(For Camp Use) Session Code(s): _____