

Directions: Please fill out this form completely for your camper, sign, and send it to camp with your child. Please do not fill out this information until the week before the camper is coming as it needs to be as up to date as possible. The camper will turn this form in during check-in, so it should not be packed in their suitcase. **Attach a photocopy of the camper's medical insurance card to this form.**

Camper Last Name	First Name	Age	Weight
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Medical History

Directions: Put a check in the box next to any condition that the camper has experienced in the past. Explain any as necessary on a separate sheet of paper.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Fainting spells	<input type="checkbox"/> Measles	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Frequent upset stomach	<input type="checkbox"/> Poor appetite	<input type="checkbox"/> Sleep walking
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Heart trouble	<input type="checkbox"/> Respiratory problems	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Kidney trouble	<input type="checkbox"/> Severe headaches	<input type="checkbox"/> Surgery
<input type="checkbox"/> Other health problems (Explain on a separate sheet of paper)			

Directions: Place a check in the appropriate column. **Provide an explanation in the space provided or on an additional sheet if needed.**

Question	Yes	No	Explanation						
Has the camper been exposed to any communicable disease during the past two weeks?									
Has there been any traumatic experience in your child's life during the past few months of which we need to be aware?									
Should the camper's activity be restricted in any way?									
Does your camper have any allergies? (Circle all that apply in the explanation section.)			<table style="width:100%; border: none;"> <tr> <td style="border: none;">Bee/wasp stings</td> <td style="border: none;">Poison Ivy/Oak</td> <td style="border: none;">Explain</td> </tr> <tr> <td style="border: none;">Foods</td> <td style="border: none;">Medications</td> <td style="border: none;">Other</td> </tr> </table>	Bee/wasp stings	Poison Ivy/Oak	Explain	Foods	Medications	Other
Bee/wasp stings	Poison Ivy/Oak	Explain							
Foods	Medications	Other							
Does the camper have any other medical, physical, emotional, or health conditions of which we should be aware?									
Have you examined your child's head for head lice in the week prior to camp?									
Has the camper had a recent tetanus inoculation?			Provide Date						

Please read carefully: In an effort to provide the best possible care for our campers, we staff our nurse's station with licensed nurses or EMTs. The following is a list of approved over-the-counter medications our personnel have doctor's orders to give for the most common ailments at camp. Please review the list:

- | | | | | | |
|--------------------------|--------------------|----------------------|--------------------------------|------------------|--------------------|
| Benadryl elixir, tablets | Chloroseptic spray | Hydrocortisone spray | Kapectate | Maalox | Neosporin ointment |
| Calamine lotion | Dimetapp elixir | Ibuprofen | Tylenol syrup, liquid, tablets | Milk of Magnesia | Pepto Bismol |

****It is not necessary to send any of the above medications to camp.****

I give my permission for the designated CrossRoads camp nurse to administer the above medications:
 _____ yes _____ yes, with exception (see below*) _____ no

*If there are any medications that the camper should not have, clearly cross them out in the above list.

Will the camper have any prescription medications (or over-the-counter medications not on the above list) with them?
 _____ yes _____ no If yes, please list each below (attach additional sheet if necessary):

_____	_____	_____
Medication	Dose	Time
_____	_____	_____
Medication	Dose	Time
_____	_____	_____
Medication	Dose	Time

All medications must be kept in the nurse's station and be administered by the nurse. They must be in their original bottle, labeled with the camper's name and dosage. Place all medicines in a Ziplock bag with the camper's name clearly written on the bag. The camper will turn medications in during check-in, so they should not be packed in their suitcase.

I give my permission for the following people to pick up my child at the end of the summer camp program at CrossRoads (include yourself if you will be picking up campers):

*All of the above information is correct and complete to the best of my knowledge.
 *If the camper is covered by medical insurance, **I have attached a photocopy of the insurance card to this form OR the camper will be bringing it to camp to be copied and returned upon arrival.**
 *If a situation arises while my child is at camp which, in the opinion of the director or director's designee, is a medical emergency, and I cannot be contacted within a reasonable time period as determined by the director, I authorize the director to do whatever he/she believes to be in the best interest of my child with respect to medical care, including the selection of a physician and/or a hospital or other medical facility for my child's care. In addition, I hereby give the physician, hospital, or other medical facility, as selected by the director, the necessary authorization and permission to treat and/or hospitalize my child and to order any necessary injections, anesthesia or surgery.

Parent's Signature	Date
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**CrossRoads Camp
& Conference Center**
2247 Little Piney Road
Lowesville, Virginia 22967

Office: (434) 277-8465
Fax: (434)277-5901
Email: crossroads@crossroadsgccc.com
Website: www.crossroadsgccc.com

CrossRoads Summer Camp Packing List

Very Important!

Bring these to check-in. Do not pack.

- Completed and signed health form
- Necessary Medications (clearly labeled)
- LIT Reference form (LITs only)
- High Adventure Waiver (Wks 2, 4, 5 only)
- Money
(All money will be turned in to the camp bank at check-in. The campers will be able to "debit" money from their account to spend on snacks, drinks, and gifts at the camp store. They will also be able to donate to the missions offering. Unspent money will be returned to the camper on the last day of camp.)

Please leave these items at home*

- Any electronic devices such as laptops, iPods, MP3 players, CD Players
- Video games and cell phones
- Candy & Snacks
- Spaghetti-strap tops or halter tops
- Midriff baring shirts

***If any of the above undesirable items are brought to camp, they will be kept by the camper's counselor and returned on the last day of camp.**

Personal Items

- Bible
- Pen or pencil
- Flashlight
- Soap
- Shampoo
- Toothpaste
- Toothbrush
- Hairbrush or comb
- Deodorant
- Sunscreen
- Personal Water Bottle

Optional

- Stationery
- Envelopes
- Stamps
- Bug Repellant
- Camera
- Wacky Wednesday Outfit

Linens

- Sleeping bag** or single sheets
- Pillow & pillow case
- Bath Towels
- Washcloth
- Pool Towel

Clothes

- Shorts
- Shirts
- Pants or jeans (at least 1)
- Bathing suit (1 piece preferred)
- Bathing suit cover-up (ex. t-shirt)
- Sweatshirt or jacket
- Raingear
- Pajamas
- Hat
- Socks & Underwear
- Closed in shoes
(sandals or flip-flops may **only** be worn to and from the pool)

If the camper is in the High Adventure Backpacking track or interested in participating in the camping track on a week other than High Adventure, they **must bring a sleeping bag.

Please label as many items as possible with the camper's name to help avoid losing personal belongings.

CrossRoads Summer Camp Check-In Procedures

1. Arrive at camp between 3:00-5:00pm on Monday for full weeks of camp and Girls Arts Mini-Week. (Family Adventure Camp and LIT Reuniting and Reigniting check-in time is between 9:00-11:00am.)
2. Park in the parking areas near the Bullard Building, the first building on the right after entering the gates. Leave your luggage in the car or van.
3. Each camper should bring the following items with them to check-in:
 - Completed & Signed Health Forms
 - All Medications
 - All Spending Money
 - Any other necessary forms (ex. LIT Reference forms, High Adventure Waivers if applicable)
4. At Check-in campers will turn in forms, medicine, and all spending money. They will receive their cabin assignments and name tags.
5. Drive to the upper parking lot and drop off campers' luggage.
6. Drive campers to the cabin parking lot and meet a counselor who will show campers to their cabin. Parents and leaders are welcome to visit the cabins and meet the counselors, but please make it a brief visit in order to help campers experience a positive transition.
7. Check-in is complete! Parents are welcome to attend the opening program in Hunt Hall Auditorium at 5:15pm. Have a safe drive home!

A Few Frequently Asked Questions

- **What time does camp end?** During full weeks of camp and Girls Arts Mini-Week, campers must be picked up by 11:30 am, but we invite all parents and leaders to join us for the closing program in Hunt Hall Auditorium which begins at 10:30am on the final day. (Family Adventure Camp and LIT R&R will conclude at 12:30pm. Closing program will begin at 11:45am on the final day of these camps.)
- **How can I contact my camper during camp?** You can write to your camper by e-mailing them at campers@crossroadsgccc.com. Please put their first and last name in the subject line. You may also send mail to them by using the following address: CrossRoads, (Camper's Name), 2247 Little Piney Rd., Lowesville, VA 22967. Phone calls during camp are not allowed.
- **Can my camper be with _____?** We try to honor roommate requests submitted during the registration process as closely as possible. We can put up to three campers from the same church together.

Please visit our website, www.crossroadsgccc.com, for answers to many more frequently asked questions!