

# SCC Junior Camp Supply Check List:

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- Sleeping Bag
- Pillow
- Towels
- Washcloth
- Body wash
- Toothbrush
- Toothpaste
- Shampoo
- Hairbrush / comb
- Hairspray / Gel
- Flashlight
- Jacket / Sweater
- Casual, church & play clothes
- Underwear
- Socks
- Shoes
- Dirty laundry bag
- Swimsuit / Shorts
- Sunscreen
- Mosquito Repellent
- Squirt Guns (NO water balloons)
- Bible
- Snack Bar Money
- Camp Picture Money \$10.00
- FILLED OUT & SIGNED  
HEALTH HISTORY FORM
- Medications (If Needed)

# SCC Junior Camp

## Rules Agreement

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Cost: \$200.00 (plus \$25 for t-shirt and \$12 for camp picture IF ordered)

1. Rules for acceptance and participation in the camp are the same without regard to race, color, national origin, sex, or handicap.
2. A Camp Nurse will be onsite to administer daily medications & minor injuries.
3. Campers will be placed in cabins by age.
4. Each camper is provided with a bunk and mattress, but must provide their own bedding. (be prepared for cold weather)
5. So-Cal Junior camp is not responsible for lost articles. A lost and found will be established for the duration of the camp.
6. No knives or shaving cream is permitted at camp.
7. **Boys: Dress modestly at all times. Shorts or cut-offs can only be worn when swimming. Clean casual clothes are to be worn during the evening service.**
8. **Girls: Dress modestly at all times. Clean casual clothes are to be worn during the evening service. No shorts, pants, or mini- skirts allowed. Swim wear will only be worn when swimming. Skirts must be below the knee when standing or sitting including slits.**
9. No cell phones, walkie-talkies or electronic games/devices will be allowed.
10. No jewelry of any kind is allowed.
11. Each camper is expected to share in the work load of camp in regards to cleaning the cabin and camp grounds.
12. Foul language, disrespect, continual misbehavior and leaving camp area are grounds for dismissal. Parents are responsible for picking up campers if dismissal is required.
13. Parent or responsible person must pick up campers on Friday July 3rd by 10:00am. Your promptness is expected and appreciated.
14. A snack bar will be open daily. Please provide extra money for your camper.
15. Any child allergic to bees must bring their own anti-venom kit. None are available from the nurse. Any child that has head lice will not be admitted. Any child found with head lice during camp must be picked up by parent or guardian immediately.
16. Please make sure camper has allergy or prescription medications they routinely use.
17. Please keep home any child whom has a fever within three days of camp.

# Health History Form

Name of User/Rental Group

For Use by Members of User/Rental Groups

All members of groups using/renting the facilities at Camp *Morningstar* **MUST** complete this form, **per California health regulations**. All minors (under age 18) **MUST** have this form completed and signed by the custodial parent or guardian.

Check Box. I, (please print), \_\_\_\_\_, am 18 years of age or older and I am declining to provide this information.

Signature

Date

## CAMPER INFORMATION

*IF providing information (not declining) please fill in information below.*

First & Last Name		Age	Blood Type
Address		City, ST, Zip	
Home Phone	Cell Phone	E-Mail Address	

1. Are you a smoker? ( ) No ( ) Yes

2. Are you currently taking any medications? ( ) No ( ) Yes - If yes, please list medications.

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3. Do you have any health conditions (allergies, drug allergies, food allergies, chronic conditions) or special circumstances (religious convictions or legal arrangements) which may affect program participation or that we ought to know prior to emergency treatment? ( ) No ( ) Yes - if yes please explain below.

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4. When was your last tetanus immunization? \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

5. **Consent and Emergency Treatment Authorization:** In the event that I cannot be reached in an emergency or I, myself, am injured or in need of emergency medical care, I do hereby give my consent for the above-named camper to receive such emergency treatment as deemed necessary by an attending physician.

Signature and Date \_\_\_\_\_

6. **EMERGENCY NOTIFICATION** - Please list two people to be notified in case of an accident or medical emergency.

First & Last Name			
Address		City, ST, Zip	
Home Phone	Cell Phone	Work Phone	Relationship
First & Last Name			
Address		City, ST, Zip	
Home Phone	Cell Phone	Work Phone	Relationship

7. Health Insurance Carrier & Policy # \_\_\_\_\_

Signature of Participant, Parent or Guardian

Date