CREEK STUDENTS

Summer Camp Parent Packet

Fort Caswell | July 5–9, 2027



Parent Information Packet

Camp Rules & Expectations

1. Obey leaders immediately.
2. Never be alone; stay in groups of 3 or more.
3. Swim only in designated areas and at designated times.
4. Do not go into or on top of forts after dark.
5. The beach is off-limits after dark.
6. Keep meal tickets. Lost tickets may be replaced for a fee.

Prohibited Items & Behaviors

- Smoking
- Vaping
- Drugs
- Alcohol
- Firearms
- Knives
- Fireworks
- Pornographic material

Violations may result in being sent home after parents are contacted.

Packing Checklist

CLOTHING

- [ ] Shorts fingertip length or longer
- [ ] Shirts without offensive language, ads, or pictures
- [ ] Tank-top straps at least 2 inches wide
- [ ] Undergarments
- [ ] Appropriate bathing suit (girls: one-piece or tankini covering stomach)
- [ ] Cover-up required away from beach/pool
- [ ] Swim shirt if needed
- [ ] Pajamas
- [ ] Sneakers
- [ ] Flip-flops/sandals
- [ ] Sunglasses
- [ ] Hat (cannot be worn in auditorium)
- [ ] Optional jacket/hoodie

TOILETRIES

- [ ] Toothbrush
- [ ] Toothpaste
- [ ] Deodorant
- [ ] Shampoo
- [ ] Soap/body wash
- [ ] Brush/comb
- [ ] Shower caddy
- [ ] Necessary medications (must be checked in at drop-off)
- [ ] Feminine products
- [ ] Enough sunscreen for five days with several applications
- [ ] Bug spray
- [ ] Contact solution/case/glasses
- [ ] Hair ties

LINENS

- [ ] Twin sheet set
- [ ] Pillow
- [ ] Blanket/sleeping bag
- [ ] Towel
- [ ] Washcloth
- [ ] Beach towel
- [ ] Bag for dirty/wet clothes

OTHER

- [ ] Bible (must be a paper copy)
- [ ] Notebook
- [ ] Pen
- [ ] Phone charger
- [ ] Money for Monday lunch
- [ ] Offering for House of Abraham in Haiti
- [ ] Spending money for snack bar/gift shop

Tentative Schedule

Times are tentative and may be adjusted by camp or church leaders.

Monday

Students must be in the Student Center by 8:15 am on Monday, July 5th, for check-in and a pre-departure meeting. Parents are asked to stay to revise instructions and to pray over students before we leave.

9:00 am Buses leave
11:30 am Lunch at Independence Mall in Wilmington, NC
1:00 - 4:00 pm Registration
5:00 - 6:30 pm Supper
7:10 pm Line up by church group on the Parade Ground
10:00 pm Church Group Devotions
11:00 pm Clear Campus
11:45 pm Lights Out

Tuesday - Thursday

7:15 - 8:15 am Breakfast
8:15 am Quiet Time - printed in the Student Workbook
8:40 am Line up by church group on the Parade Ground
9:00 am Morning Worship in Hatch Auditorium
10:50 am Dismiss to small groups with your church
Noon Lunch
1:20 pm Track Times/Packing Meals for Haiti (one day)
3:30 pm Free Time
5:00 - 6:30 pm Supper
6:40 pm Line up by church group on the Parade Ground
7:00 pm Worship in Hatch Auditorium
10:00 pm Church Group Devotions
11:00 pm Clear campus
11:45 pm Lights Out

** Special Features*
Additional Track Times from 2:45 - 3:30 pm - Tuesday and Thursday
Splash and Dive Contest at the swimming pool: Wednesday at 4:00 pm.

Friday

7:15 - 8:15 am Breakfast
8:15 am Quiet Time - printed in the Student Workbook
8:40 am Line up by church group on the Parade Ground
9:00 am Morning Worship in Hatch Auditorium
10:45 am Dismiss to Barracks to pack up
11:30 am Load up luggage on the bus
12:00 pm Lunch
1:00 pm Depart for Richland Creek Community Church

We should arrive back at the church around 4:00 pm. Pick-up will be in front of the Worship Center.

Medical Information

A Physician Order Form is required for all prescription and over-the-counter medications.

- Parents must hand all medications and forms directly to the designated nurse at Richland Creek check-in before departure.
- Medications must be in original packaging; prescriptions must be in the original bottle or have the original prescription label.
- Bring only the amount needed for five days.
- The nurse administers scheduled and PRN medications only after paperwork is complete, within 30 minutes before or after the prescribed time.
- Medications stay with the nurse; a student may self-carry medication only as directed by the Physician Order Form or a physician note.

Examples of Over-the-Counter Medications

- **Pain relievers:** Tilenol, Advil, Midol
- **Allergy medications:** Zyrtec, Claritin, Allega, Benadryl
- **Topical products:** hydrocortisone, Neosporin, muscle rub, oral gel, Benadryl cream
- **Vitamins/sleep aids:** melatonin
- **Digestive products:** Tums, Zantac, Gas-X, lactose products

DO NOT PACK MEDICATIONS IN YOUR STUDENT'S LUGGAGE.

Parents must pick up all medications on Friday, July 9 when camp returns.

Any medication left behind will be discarded by Student Ministry staff.

PARENT QUICK REFERENCE CHECKLIST

- [ ] Physician Order Form completed
- [ ] Medications in original packaging
- [ ] Five-day supply only
- [ ] Hand medications and forms to the designated nurse at Richland Creek check-in
- [ ] Pick up all medications Friday, July 9

CREEK STUDENTS

Parent Request and Physician's Order Form for Medication

Student Name: **DOB:** **Church:** **Trip Date:**

	Diagnosis	Name of Medication (**Right** Medication)	Dosage (**Right** Amount)	How to give (**Right** Route)	Time(s) to Give (**Right** Time)	Medication Log Date/Staff Signature 1	2	3	4	5
Daily Medication(s)	☐ ADHD ☐ Cystic Fibrosis ☐ Seizure ☐ Diabetes ☐ Other: _____									
Emergency Medication(s)	Allergy Allergen: _____	☐ Diphenhydramine (Benadryl)	☐ 12.5 mg ☐ 25 mg ☐ Other: _____	By Mouth	☐ Upon Exposure ☐ Mild Reaction					
		☐ Epinephrine Auto Injector	☐ 0.15 mg ☐ 0.3 mg	Intramuscular (IM)	☐ Upon Exposure ☐ Severe Reaction ☐ If provided, repeat dose after _____ min for continued symptoms.					
	Seizures	☐ _____	☐ 5.0 mg ☐ 7.5 mg ☐ 10.0 mg ☐ _____ mg	Rectal	☐ At onset of seizure ☐ After 5 minutes ☐ After 10 minutes					
	Diabetes	☐ _____	☐ 0.5 mg ☐ 1.0 mg	☐ Subcutaneous (SQ) ☐ Intramuscular (IM)	If student becomes unconscious					
Asthma	Exercise Induced Asthma	☐ _____	☐ 2 puffs ☐ 1 vial (ampule)	☐ Inhaler with spacer, if provided ☐ Nebulizer	Before exercise as needed to prevent symptoms					
	Asthma Yellow Zone	☐ _____	**Please check one** ☐ 2 puffs ☐ 4 puffs ☐ 1 vial (ampule)	☐ Inhaler with spacer, if provided ☐ Nebulizer	☐ Every 4 hours as needed to relieve symptoms ☐ _____					
	Asthma Red Zone		**Call 911** ☐ 4 puffs ☐ 1 vial (ampule)	☐ Inhaler with spacer, if provided ☐ Nebulizer	**For Emergency Symptoms**					
As Needed PRN Meds										

Physician Name: _____ **Telephone:** _____ **MD Stamp below**

Physician Signature: _____ **Date:** _____ **Fax:** _____

CREEK STUDENTS

Parent Request and Physician's Order Form for Medication

Student Name: **DOB:** **Church:** **Trip Date:**

Tobecompletedby parent:

I understand that:

- Non-medical personnel may conduct the medication administration.
- It is my responsibility to have an adult transport the medication to Richland Creek Community Church.
- If medication is not available or when in doubt, 911 will be called for emergencies.

I request that:

- My child be administered the medication as indicated in the physician's order.
- If an emergency injection is ordered, I give permission for the church staff, leaders, and designated nurse to instruct designated staff in the administration technique.

I authorize:

•Thereleaseandexchange of medical information between my child's physician and church staff and leaders that is necessary in carrying out services for my child.

I hereby give mypermission for my child to receive medication during student camp. This medication has been prescribed by a licensed physician.

I hereby release RichlandCreek Community Church and their leader and employees from any and all liability that may result from my child taking the prescribed medication.

Parent/Guardian Signature: _____ **Date:** _____ **Phone1:**_____ **Phone2::** _____

Student Self-Carry and Self-Administration of Emergency Medication

To be completed by Physician:

Thestudentmusthavethemedication(s) listed onthe reverse side during thetrip. **Adult supervision is not needed.** The student has been instructed in the treatmentplan,self-administrationfor the listed medication(s) and has demonstrated the skill level necessary to self-administer medications for:

☐ Asthma ☐ Allergy ☐ Insulin Other: _____

For Epinephrine Auto Injector Only:

Intheevent the student is experiencing respiratory difficulty and is unable to administer the Epinephrine Auto Injector, trained designated camp nurse, staff, or volunteers will administer theEpinephrine Auto Injector and call 911.

Printed Physician's Name: _____

Physician's Signature: _____ **Date:** _____

To be completed by student at check-in:

- ☐ Ihavedemonstratedtheuseofmymedication to the designated nurse.
- ☐ I plan to keep my medication and equipmentwithme.
- ☐ I will use only as prescribed by my doctor.
- ☐ I will not allow any other person to use my medication.
- ☐ I will notify the designated camp nurse, staff, or volunteer if I am having more difficulty than usual with my health condition.

Student Signature: _____ **Date:** _____

To be completed by Parent:

- Irequestand givepermission formy child to carry and give the medication listed onthereverse sideduringthe trip, and while in transit to or from the trip. **Adult supervision is not needed.**

I understand that:

- •Ishallprovide the church back-up medication (in addition to what student will carry) that shall be kept at in the nurses bag.
- •My child will be required to demonstrate the skill level necessary to use the self-administered medication to designated camp nurse, staff, or volunteer.
- •My child will be subject to disciplinary action if medication is used in any other manner than prescribed.

For Epinephrine Auto Injector Only:

Inthe event my child is experiencing respiratory difficulty and is unable to administer theEpinephrine Auto Injector ordered by the physician, a trained nurse, staff, or volunteer member may administer the Epinephrine Auto Injector and call 911.

I have observed my child demonstrate the necessary skill level to implement the care planprescribed by his/her physician.

Parent Signature: **Date:**

To be completed by camp nurse, staff, or volunteer:

I have observed the student indicated above verbalize and demonstrate the skill level necessary to use the medication prescribed by the above physician.

☐ Epinephrine Auto Injector ☐ Inhaler

Staff Signature: _____ **Date:** _____

Rev 07-17-2014