Walled Lake Community Education

Outdoor Education Center
Summer Camp Packet
3577 Sleeth Court – Commerce Township, MI 48382

This packet must be filled out and returned 10 days prior to start date of your child’s camp.
Dear Parents,

Enclosed please find an Information Record form that must be returned to the Walled Lake Community Education Office **at least ten (10) days prior to your child's first day of camp.**

**Drop off** for all Campers will be at the Walled Lake Outdoor Center in the **LOWER parking lot.** Counselors will meet their groups between 8:45am and 9:00am. Camp Wannakombak AND Kiddie Kamp pick-up time is 3:30pm. **Pick-up will be in the UPPER LEVEL parking lot at the Walled Lake Outdoor Center.**

Please make sure to that you check your child **IN and OUT** with their counselor each day.

Please review the following checklist of items that campers need to bring with them each day:

- Lunch and snacks - lunches will be refrigerated each day. There is no microwave available for camper use. Please remember that we are **PEANUT FREE.**
- Bathing suit, towel and water shoes (no flip-flops)
- Sunscreen and bug repellent
- A hat and water bottle for hiking
- Wear appropriate shoes and clothing for OUTDOOR activities!

Gatorade or juice and water will be provided daily.

**Please label everything!** Walled Lake Community Education is not responsible for lost or missing items.

We appreciate your cooperation in helping us make your child’s camp experience educational, enlightening and fun! If you have any questions, please contact the Community Education Office at 248-956-5000.

Sincerely,

Outdoor Education Center Summer Camp Staff
# CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<table>
<thead>
<tr>
<th>For Provider Use Only:</th>
<th>Date of Admission</th>
<th>Date of Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Child (Last, First, Middle Initial)</td>
<td>Child's Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Address (Number and Street, Building/Apartment Number)</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Father/Legal Guardian's Name</td>
<td>Home Phone ( )</td>
<td>Mother/Legal Guardian's Name</td>
</tr>
<tr>
<td>Home Address (if not child's address)</td>
<td>Cell Phone ( )</td>
<td>Home Address (if not child's address)</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Email Address (optional)</td>
<td>Email Address (optional)</td>
<td></td>
</tr>
<tr>
<td>Employer Name</td>
<td>Work Phone ( )</td>
<td>Employer Name</td>
</tr>
<tr>
<td>Name of Child's Physician or Health Clinic</td>
<td>Physician's or Health Clinic's Phone Number ( )</td>
<td></td>
</tr>
<tr>
<td>Hospital Preferred for Emergency Treatment (optional)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies, Special Needs and Special instructions (Attach additional sheets, if necessary.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BCAL-3731 (Rev. 4-18) Previous edition 6-15 & 7-12 only may be used.

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**Emergency Contact & Release of Child:** List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1. ( ) ( )
2. ( ) ( )
3. ( ) ( )

**Release of Child Only:** List all individuals other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1. ( )
2. ( )
3. ( )
4. ( )

Parent/legal guardian must initial one of the following:

- [ ] I give permission to [ ] licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.
- [ ] I do not give permission to [ ] licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. I understand I assume responsibility for all emergency medical care.

Signature of Parent or Guardian | Date Signed
---|---

<table>
<thead>
<tr>
<th>Date Card Reviewed</th>
<th>Parent or Legal Guardian Initials</th>
<th>Date Card Reviewed</th>
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</tr>
</thead>
</table>

LARA is an equal opportunity employer/program.

BCAL-3731 (Rev. 4-15) Previous edition 6-15 and 7-12 only may be used.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.
Dear Parent or Guardian,

Your cooperation in filling out this form will enable the camp staff to effectively meet the needs of your child and assist us as we ensure their safety.

Camper's Name: _____________________________________________________________

Nickname: ________________________________________________________________

Address: _________________________________________________________________

City: _________________________________________________________________

Zip: ________________________________________________________________

Phone: ________________________________________________________________

Work Phone: ___________________________________________________________

Emergency Contact: ______________________________________________________

Phone: ________________________________________________________________

School: _______________________________________________________________

Grade in September: _______________________________________________________ 

Birthday: _______________________________________________________________

Camp: _________________________________________________________________

A. Will your child require special medication at camp? Yes____ No____ 

B. Does your child have allergies? Yes____ No____ 
   Please explain: __________________________________________________________
   ____________________________________________________________

C. Does your child have any special needs that we should be aware of? 
   Please explain: _________________________________________________________
   ____________________________________________________________

D. Please list anyone else who CAN pick up your child from camp: 
   ________________________________________________________________

Please turn in your packet now or at least ten (10) days prior to camp. 

Walled Lake Community Education  •  248-956-5000

Revised 3/20
AUTHORIZATION TO ADMINISTER MEDICATION

Permission Form for Prescribed Medication and Over-the-Counter Medication. This Authorization is Valid for the Current School Year Only.

TO BE COMPLETED BY THE PARENT/GUARDIAN

Student: ________________________ Date of Birth: ___________ Grade: ___________
School: ________________________ Teacher/Classroom: ________________________

I have read the policy and regulations pertaining to administration of medication. I request that (name of student) __________ receive the medication specified below at school according to standard school policy. I understand the parent is required to deliver medication to school.

Date _______________ Parent/Guardian Signature _______________

Self Administration: High school students may self-administer medication. Elementary and middle school students may self-administer only emergency medications such as Epi Pens and inhalers with the approval of the parent and physician. I request that (name of student) __________ be allowed to self-administer the medication below at school according to school policy.

Date _______________ Parent/Guardian Signature _______________

TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER:

Name of Medication: ________________________
Reason for Medication (optional): ________________________

Form of Medication/Treatment: [ ] Tablet/Capsule [ ] Liquid [ ] Inhaler [ ] Injection [ ] Nebulizer
[ ] Other ________________________

Instructions: (Times and dose to be given at school): ________________________
Start: [ ] Date form received [ ] Other date: ________________________
Stop: [ ] End of school year [ ] Other date/duration: ________________________
Stop: [ ] End of summer program

Restrictions and/or adverse reactions:
[ ] None anticipated [ ] Yes. Please describe: ________________________

Special storage requirements: [ ] None [ ] Refrigerate [ ] Other: ________________________

This student is both capable and responsible for self-administering this medication.
[ ] No [ ] Yes, Supervised [ ] Yes, Unsupervised

This student may carry this medication: [ ] Yes [ ] No

PLEASE PRINT:

Physician's Name: ________________________ Date: ________________________
Address: ________________________
Phone Number: ________________________ Physician's Signature: ________________________

Office Use Only:
Date received: ________________________ Received by: ________________________
Administrative Approval: ________________________

7/8/96
Rev. 8/21/97, 6/11/98, 3/4/04, 8/16/07, 6/7/12
Hints for Parents

Label everything that is sent to camp.

Pack TWO snacks, a water bottle and lunch each day. Please remember that we are “PEANUT FREE”!

Campers must have water shoes to swim at the river (no flip-flops).

Check your child’s bag each day after camp.

Please pack a water bottle every day for hiking and games in the backfield.

Drop off is at 8:45 am, please do not drop campers off any earlier.

Always pack sunscreen and bug spray. Campers will not be permitted to share.

Counselors and camp staff are not responsible for holding campers’ glasses, jewelry or other personal belongings.

Please refrain from bringing electronic games, popular card games or other outside camp activities to camp.

Walled Lake Community Education is not responsible for lost or missing items brought to camp.

Please feel free to call our office with questions or concerns at 248-956-5000.

Revised 3/20
WALLED LAKE OUTDOOR EDUCATION CENTER
MEDICAL CARE AUTHORIZATION FOR MINOR CHILD
WAIVER AND RELEASE OF LIABILITY

Waiver for participants under 18 years of age. The activities at the Walled Lake Outdoor Education Center (WLOEC) owned by the Walled Lake Consolidated Schools (School District) are challenging, strenuous and may not be suitable for individuals who are not in good health and condition. The activities incorporate a variety of activities from hiking, games, and initiatives to more strenuous challenges such as low ropes, high ropes, climbing walls or zip lines. Serious injuries are rare. However, the activities at the WLOEC are such that there is the possibility of serious injury or death. Therefore, WLOEC participants, and their parents or legal guardians, are required to complete and sign this Medical Care Authorization Waiver and Release of Liability form. Prior to your visit, your group leader/school should inform you as to which activities you will participate in during your visit. Questions concerning WLOEC activities and this form should be directed to Stuart Riley at (248) 956-5120.

Medical Care Authorization. The undersigned, the parent(s) or legal guardian(s) of the student, hereby authorize employees, contractors and agents of the School District to secure routine medical care and emergency medical and surgical care for the student at the sole cost of the parent(s) or legal guardian(s). (*=Required Information.)

*Student’s Name (Print)  *Parent(s) or Guardian(s) Names (Print)

Insurance Company

*Street Address

Policy Number

*City, State and Zip

Subscriber’s Name

Telephone

*Emergency Contact Name and Telephone  *Email Address

Accommodation. The School District, in certain cases, has a legal duty to reasonably accommodate participants. Please indicate if your child has any physical or mental condition, allergy, etc. that you believe requires accommodation and, if so, the nature of accommodation requested:


Release Agreement. I (we) understand that while, at the WLOEC, My Child is expected to follow all the rules presented by WLOEC employees, contractors and agents including, but not limited to: listening and following safety instructions, respecting adults in charge and other participants and encouraging other participants in a positive manner. I (we) fully realize that participation in hiking, high ropes, low ropes, initiatives, zip line, and climbing wall courses involves psychologically and physically challenging situations and that participation in the same could result in injuries included, but not limited to: sprains, cuts, rope burns and/or abrasions or more serious injury.

In consideration of ___________________________  * (name of child), my minor child/ward (“My Child”), being allowed to participate in activities at the WLOEC, I acknowledge, understand, and agree:

1. I, for myself, my spouse and My Child, assume all of the risks inherent in and associated with participation in WLOEC activities, including but not limited to the risk of damage to property, injury, permanent disability and death, which might result from the actions, inactions, or negligence of My Child or others, and other risks not known or not reasonably foreseeable at this time, and assume full responsibility for My Child’s participation in WLOEC activities.

PAGE 1 OF 2
2. I, for myself, my spouse, My Child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release, waive, discharge and covenant not to sue the School District, its Board of Education, its Board Members, in their official and individual capacities, its administrators, employees, contractors, volunteers, agents and licensees ("Releasees"), for any and all injury, loss or damage to person or property incident, to or arising from, My Child’s participation in WLOEC activities, whether arising in whole or in part from the negligence of My Child or the Releasees or otherwise, to the fullest extent permitted by law.

3. I, for myself, my spouse, My Child, and on behalf of my/our heirs, assigns, personal representative and next of kin, hereby agree to indemnify and hold harmless all the above Releasees for any and all liabilities they incur incident to, or arising from, My Child’s participation in WLOEC activities, even if arising in whole or in part from the negligence of the Releasees, to the fullest extent permitted by law.

4. I, for myself, my spouse and My Child, agree to comply with the WLOEC’s stated and customary terms, conditions and rules for participation. If I have any concern about My Child’s readiness for participation and/or the WLOEC activities, I agree to remove My Child from participation and bring my concerns to the attention of officials of the School District as soon as practicable.

5. I certify that to the best of my knowledge, My Child is able to safely participate in WLOEC activities.

Signatures of Parent(s) or Guardian(s). I (we) have read and understand this entire Medical Care Authorization, Waiver and Release form. I (we) have signed it freely and voluntarily and without any inducement. I (we) realize this is a legally binding agreement that may not be modified or rescinded except by another written document signed by me (us) and a legally authorized School District representative. (*Minimum of 1 signature required)

*Parent or Guardian Signature

*Parent or Guardian Print Name

*Date

Parent or Guardian Signature

Parent or Guardian Print Name

Date

CLOSED TOED SHOES ARE REQUIRED FOR ALL PARTICIPANTS (NO SANDALS/NO HIGH HEELS) DRESS APPROPRIATELY FOR THE WEATHER.

Authorization for Audio and Visual Records. I (we) understand and agree the School District may make audio and/or visual recordings of My Child participating in activities and programs at the WLOEC. I (we) understand such audio and/or visual recordings are the sole property of the School District and may be used and distributed at the School District’s discretion.

Parent or Guardian Signature

Parent or Guardian (Print Name)

Date

Parent or Guardian Signature

Parent or Guardian (Print Name)

Date