

The Great Gluten Escape Camp Planning Guide

July 10-15, 2011



Welcome to the Great Gluten Escape Camp!

Included are:

- Medical Exam Form (must have doctor's signature)
- Medical Release Form
- Consent Form
- Dismissal Form
- Packing list
- Medication Forms
- GGE Waiver
- Camp Gilmont Waiver

Balance of \$295.00, Medical Exam Form, Medical Release Form, Consent Form, Dismissal Form, GGE Waiver, and Camp Gilmont Waiver are due May 1, 2011 to:

The Great Gluten Escape Camp
1019 Rockefeller Lane
Allen, TX 75002
Fax: 972-759-9817

Arrival at Camp

Sunday July 10, 2011
2:00pm - 3:00pm

Departure From Camp

Friday, July 15, 2011
2:00pm - 3:00pm

The staff at Great Gluten Escape is very busy running programs up to the time of departure, therefore there will be an extra \$30.00 fee for picking up before 2:00pm or after 3:00pm on Friday.

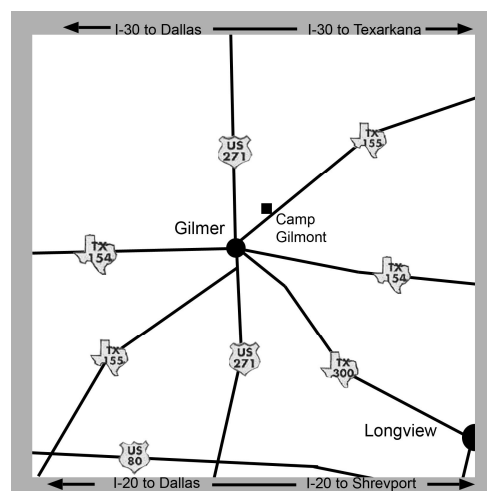
Directions to Camp Gilmont (6075 State Hwy 155, Gilmer, TX 75644)

From I-30:

Exit from I-30 onto 271 South. Travel through Mt. Pleasant and Pittsburg, and on to Gilmer (18 miles from Pittsburg). Turn left on HWY 155 North. Drive six miles. There will be a green "Camp Gilmont" highway sign on the right side of the highway. The road will go from a single lane to a double lane road, immediately to your left there will be the entrance to Camp Gilmont.

From I-20:

Exit from I-20 onto 271 North. Travel through Gladewater, and on to Gilmer (14 miles). Turn right onto Highway 155 North. Drive six miles. There will be a green "Camp Gilmont" highway sign on the right side of the highway. The road will go from a single lane to a double lane road, immediately to your left there will be the entrance to Camp Gilmont.



Airport Transportation / Carpools

Due to the number of campers registering for camp, the board of directors can no longer make travel arrangements for campers to and from the airport. We are providing you an option that will allow you to communicate with other campers' families to arrange carpooling. If you are interested in joining the private Yahoo group for camper's parents, please submit your request to registrar@greatglutenescape.org.

Forms

The provided Medical Exam Form, Medical Release Form, Consent Form, Dismissal Form, GGE Waiver and Camp Gilmont Waiver must be returned by **May 1, 2011**. The Medical Exam Form must be signed by a licensed health care provider, and the Medical Release Form must be signed by the parent/guardian. A physical examination is required of all campers and staff within 24 months prior to camp. **No campers will be allowed to stay at camp without these completed forms.**

Cancellations and Late Fees

Camp fee (minus deposit) will be refunded if cancellation is received by June 10, 2011. **A \$30.00 late fee will be charged for any camp payments received after May 1, 2011.**

Dairy Free Diet

If you marked that your camper requires a Dairy Free Diet on the registration form, they will be required to follow a Dairy Free diet during camp. Because of the extra expense involved in purchasing food for the Dairy Free diet, we cannot make adjustments or allow this diet to be optional.

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Medications

Medications brought to camp must be accompanied by a signed Medication Form. Medications must be in original container and marked with camper's name, medication name, dosage and if prescription, doctor's name. If an epi pen is required for severe allergic reaction, it must be included with medications. Medications and Medication Forms should be packaged together and given to the Camp Nurse upon arrival at camp – this way we can ensure that no one accidentally takes someone else's medication. Gluten-Free Tylenol, Benadryl, Claritin, Calamine, Advil etc. will be provided by camp if needed and should not be sent to camp. *You may contact the camp nurse about homeopathic options at nurse@greatglutenescape.org.*

Health Services

The Great Gluten Escape Camp will provide a full-time RN during the week of camp. The nurse handles ALL medications and medical needs. Emergency services and medical transportation is available. If you need to talk to the nurse before or during camp please feel free to contact Cheryl Gainer at 214-274-6094.

Food at Camp

Many steps have been taken to assure the safety of all food served during camp. The kitchen will be closed to all other groups and will only be preparing gluten-free meals during The Great Gluten Escape Camp. Please do not send snacks and candy. It could attract unwanted critters in the cabins, so it will be confiscated by counselors. We will provide LOTS of food for your camper, every day.

Sample Activities

Some activities we will be doing at camp include: swimming, boating, cooking, games, arts & crafts, hiking, sports, singing and group interaction. Some activities are limited to specific age groups. There will be qualified staff for all activities, for example: life guards for swimming.

Lost and Found

Your child's possessions are important. Help prevent them from being lost or left at camp by marking all items with your child's name. You might want to make a complete list of articles and tape it to the inside of their suitcase. The Great Gluten Escape Camp is not responsible for damage or loss of personal possessions. For all items left at camp contact Kelly LeMonds at director@greatglutenescape.org or 972-207-2231.

Mail

Letters are important to campers. **The camp address is 6075 State Hwy 155, Gilmer, TX 75644.** Write cheerful, caring letters rather than the "I miss you type". Include questions about their daily activities and what they have enjoyed most. It is a great idea to mail a card or letter to your camper the Friday before camp starts. Another suggestion -- you might choose to write all letters to your child for the week and give them to a staff member upon check in at camp. Be sure to address it as if it came in the mail. Also, put the day of the week on which you would like it delivered on the outside of the envelope. **There is no time to deliver mail to campers on the last day, so please do not leave mail for Friday.**

Getting Ready for Camp

To make your child more excited about camp, suggest he/she pack their own camp gear. Please plan ahead for special camp equipment that your child might need so that you are not caught in a last minute rush. Adjustment is easier for campers who can get used to the sun and heat gradually, so spend lots of time out-of-doors and drinking water before going to camp.

Telephone for Emergencies

If you have any questions or concerns before, during, or after your child's camp experience please call or email the staff. Campers will not be permitted to phone home. Please do not send cell phones. All cell phones brought to camp will be kept in the camp office until the end of camp. If there is a problem the director will notify you. **We will have the direct camp phone line posted at check-in.**

Camp Director
Kelly LeMonds
director@greatglutenescape.org
972-207-2231



MEDICAL EXAM

TO BE COMPLETED BY LICENSED HEALTHCARE PROVIDER

MUST BE WITHIN THE PAST 24 MONTHS

ATTACH EXTRA SHEET IF NEEDED

**THE GREAT GLUTEN ESCAPE CAMP WILL NO LONGER
PROVIDE COPIES OF PREVIOUS YEARS FORMS**

Name of Camper – Last, First, Middle				Age	Sex	Date of Last Examination
Blood Pressure		Height		Weight		
Eyes:	Without Glasses		With Glasses			
	R: 20/____ L: 20/____		R: 20/____ L: 20/____			
CODE: ✓ Satisfactory × Not Satisfactory ○ Not Examined						
____ Ears	____ Teeth	____ Urinalysis*				
____ Nose	____ Lungs	____ Musculoskeletal				
____ Throat	____ Heart	____ HGB*				
____ Abdomen	____ Hernia	Hearing R____ L____				
**Tuberculin test (result) _____						
*Not Required						
**Not Required, recommended every 2-6 years						
Additional Comments/Recommendations/Instructions: _____						

This person is in satisfactory condition and may engage in all usual activities except if noted above.						

THIS FORM MUST BE SIGNED BY LICENSED MEDICAL PERSONNEL				
Practitioner's Signature		Print Name		Date
Street Address		City	State	Zip Code
Phone: _____				

Medical Release Form

Instructions: Parent should complete this sheet. Please Print or Type.

Name -Last, First, Middle Initial _____		D.O.B. _____			
Address _____		City _____	State _____ Zip code _____		
Parent/Guardian Name: _____					
Home telephone _____		Business/Mobile telephone _____			
<i>If Parent/Guardian cannot be contacted, please notify:</i>					
Name _____	Number _____	Relationship _____			
Name _____	Number _____	Relationship _____			
Licensed Health Care Provider's Name _____		Number _____			
Insurance Carrier _____		Policy/Group Number _____			
Immunizations: <i>Full dates (day/month/year) are required by the Texas Health Department</i> You may attach an immunization record from your doctor					
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTP/DtaP)					
Tetanus Booster (Tetanus Diphtheria) (Td)					
Measles, Mumps, Rubella (MMR)					
Polio (OPV/IPV)					
Hepatitis B					
Chicken Pox (Varicella)					
Haemophilus influenzae type b (Hib)					
Pneumococcal vaccine (PCV/PPV)					
Hepatitis A					

TREATMENT AUTHORIZATION

I hereby give permission to the nurse or the medical personnel selected by the Great Gluten Escape Camp director(s) to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

I authorize any physician, nurse or other health care provider, to communicate with the medical staff and director(s) of The Great Gluten Escape Camp, or his/her designee about my child's medical condition, treatment, and/or prognosis.

We further authorize the camp medical staff to discuss any medical conditions with the director(s), his/her designee, or the child's counselor when the medical staff, in its sole discretion, believes such communication to be in the best interest of the child.



Signature of Parent/Guardian

Date



Camper Name: _____

CONSENT FORM

This form must be signed

The applicant or parent/guardian has read and understands all the information in this application and understands the nature of the camp activities and gives permission for the camper to participate. The applicant and parent/guardian also agree to the following:

(initial each paragraph)

_____ I understand that The Great Gluten Escape Camp Inc. **will not** accommodate special diets other than gluten free, dairy/casein free and nut free. I also understand that the camp cannot guarantee that all food products used at camp have been manufactured in gluten-free and/or nut-free facilities.

_____ All campers will be checked for head lice during the check-in process at camp. Parent/guardian understands that any camper with head lice will NOT be allowed to stay at camp.

_____ If the applicant is or becomes contagious at camp we will send the camper home without refund and all expenses will be paid by the parent/guardian.

_____ The applicant or parent/guardian grant permission to the staff and volunteers to provide applicant/child with transportation for emergencies.

_____ I give The Great Gluten Escape Camp, Inc., and Camp Gilmont the right and permission without compensation to use photographs of my child and their name for publicity and public relations purposes.

I understand and have advised the applicant that the violation of the following rules will require him/her to leave camp prematurely. There will be no refunds.

1. No smoking, drinking, use or possession of illegal substances
2. No climbing out of windows.
3. No leaving the sleeping area after lights out other than to use the restroom.
4. No possession of any weapon or anything intended to be used as a weapon.
5. No physical violence.
6. No bullying, harassing, or intimidating other campers or staff.
7. No disrespect to staff or campers.
8. No disobeying Camp Gilmont camp rules.

Signature of Parent/Guardian

Date

Signature of Camper

Date

Camper Name: _____



Dismissal Form

For the safety of your child, The Great Gluten Escape Camp requires the following information:

During dismissal of camp, the following person(s) have permission to pick up my child (***please include child's parents on list***). No one other than the person(s) listed below will be allowed to pick up my child at any time during camp or at camp dismissal. A driver's license of the person picking up my child is required to verify their identity.

Parents' →

1.

Parents' Name

Address

Telephone

Other Adult →

2.

Name

Address

Telephone

Other Adult →

3.

Name

Address

Telephone

Other Adult →

4.

Name

Address

Telephone

Signature of Parent/Guardian:

Parent/Guardian

Date

For Use at Camp Dismissal Only:

Person Signing Out Camper: _____

Packing List



Things to Bring:

- 1-2 sweatshirts
- 5 or more pairs of shorts
- 1-2 pairs of long pants
- 5 or more shirts
- 8 pairs of underwear
- 8 pairs of socks
- 2 pair of pajamas
- 1 swimsuit and plastic storage bag
- Lake shoes- no sandals
- 2 pairs of athletic type shoes – no sandals
- rain coat or poncho
- comb or brush and hair ties
- 1 wash cloth and 2 towels (one bath towel and one beach towel)
- toothbrush and toothpaste
- soap and shampoo
- deodorant
- facial tissues
- sunscreen (SPF 30 or higher)
- non aerosol insect repellent
- 1 laundry bag
- stationary/stamped, addressed envelopes and pen/pencil
- book to read
- 1 flashlight with extra batteries
- 1 sleeping bag or sheets and a blanket *(Cabins are air conditioned and chilly at night)*
- pillow
- Small back pack for hiking
- Bandana and work gloves (for camp fire)
- hat

Try to pack in only 2 bags (1 duffel with your clothes and gear and 1 bag with your sleeping bag or sheets and blanket and pillow). If needed, you can use your backpack.

If needed

- Medications and Medication Form(s) – All medications (including Over the Counter Medications) **MUST** be turned in to the Camp Nurse at check-in.
- Personal sanitary items
- Disposable camera

LEAVE AT HOME (The camp is not responsible for any theft or breakage of such items)

- Electronic devices (CD players, MP3 players, gameboys etc.)
- Cell phones/ pagers
- Knives / Pocket Knives
- Money
- Food (it attracts animals)
- Perfume/ jewelry/fingernail polish

PARENTS – Please do not allow your camper to bring food, candy, snacks, etc. Food items attract animals into the cabins... There will be PLENTY of food available during meal times and snack times! *(We will have to confiscate any food items brought by campers and they will not be returned.)*

Medications Form



This form to be given to camp staff upon arrival

Camper's Name: _____

Parent/Guardian Name: _____

Phone: (H) _____ (W) _____ (C) _____

All medications and this form are to be given to camp staff upon arrival at camp. Please do not pack medications in your child's suitcase. All medications at camp must be administered under directions of the camp nurse. This includes aspirin, Tylenol, ointments, and vitamins as well as prescription drugs. The medication must be in its original container and marked with camper's name, medication name, doctor's name if prescription, and dosage. Attach other sheets if needed.

Medication _____ Taken For _____ Dosage(amount) _____ Give regularly? _____ OR Only when needed? _____ How often? _____ Time(s) <i>(circle choices)?</i> 8am 12 noon 6pm 9pm Special instructions or comments: _____	Medication _____ Taken For _____ Dosage(amount) _____ Give regularly? _____ OR Only when needed? _____ How often? _____ Time(s) <i>(circle choices)?</i> 8am 12 noon 6pm 9pm Special instructions or comments: _____
Medication _____ Taken For _____ Dosage(amount) _____ Give regularly? _____ OR Only when needed? _____ How often? _____ Time(s) <i>(circle choices)?</i> 8am 12 noon 6pm 9pm Special instructions or comments: _____	Medication _____ Taken For _____ Dosage(amount) _____ Give regularly? _____ OR Only when needed? _____ How often? _____ Time(s) <i>(circle choices)?</i> 8am 12 noon 6pm 9pm Special instructions or comments: _____

If severe allergic reaction occurs -- is epi pen necessary? (If yes , epi pen must be included with medications.)	<input type="radio"/> Yes	<input type="radio"/> No
Check who should carry the epi pen:	<input type="radio"/> Child	<input type="radio"/> Counselor

The medications on this sheet are to be administered to my child as indicated above while at camp.

Parent/Guardian: _____ / _____
(Please Print)
(Signature)
Date

**The Great Gluten Escape Camp 2011
Waiver Form**



Please Read Carefully. This is a Release of Legal Rights.

In consideration of being allowed to participate in any way in the 2011 Great Gluten Escape Camp program, I, the parents(s) and/or legal guardians(s) of the minor named below **agree to assume all risk of any kind of injury or damage my child may receive or sustain as a result of participation, including property loss, property damage, personal injury or death.**

By my signature below, I acknowledge my understanding of this release and hold harmless and agree and confirm that:

1. As the parent/guardian, it is my responsibility to instruct the minor participant if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate.
2. The above named minor may, during the course of the program, participate in activities such as, but not limited to: crafts (some tools used), fundamental locomotor and object control skills, balance and tumbling skills, archery, canoeing, lead-up games and sports and swimming.
3. I grant permission and accept all financial responsibility for the above-named minor to receive medical treatment for any and all injuries and illnesses sustained or experienced during his/her participation in Great Gluten Escape Camp activities, included but not limited to emergency first aid, emergency transport to a medical facility, and emergency treatment by medical personnel onsite or at a medical facility.

I KNOWINGLY AND FREELY ASSUME ALL RISKS, BOTH KNOWN AND UNKNOWN, AND HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS, FOR MYSELF, THE BELOW NAMED MINOR AND OUR HEIRS, ASSIGNS AND NEXT OF KIN, THE STATE OF TEXAS; THE BOARD OF DIRECTORS OF THE GREAT GLUTEN ESCAPE CAMP, INC, THEIR TRUSTEES, OFFICERS, EMPLOYEES AND VOLUNTEERS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with the presence or participation of the minor in my charge, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Minor (Print Camper's Full Name)

Date

Parent/Guardian (Print Full Name)

Date

Parent/Guardian (Signature)

Date

PRESBYTERIAN CAMPS AT GILMONT, INC./ "CAMP GILMONT"
CHALLENGE COURSE AND MOUNTAIN BIKING
ASSUMPTION OF RISK AND RELEASE AFFIDAVIT

The undersigned has contracted with Camp Gilmont of Gilmer, Texas to participate in a camp program or programs. To allow participation in the activities organized and conducted, Camp Gilmont wishes to make known there is inherent risk in many of the programs offered.

These programs include but are not limited to: swimming, hiking, hay rides, boating, group athletic events, the Challenge Course, and mountain biking.

The low ropes section of the Challenge Course involves supervised participation in the elements, which may be wooden platforms, boards, wires or other objects that may be 1 to 13 feet off the ground. These elements require group participation, and participants must use safety harnesses, helmets, and a rope belay system that is attached to the instructor.

The mountain biking program involves supervised participation outdoors, on trails in wooded areas, steep and rocky areas, and open field areas. Helmets are required to ensure safety.

The signature on this document shall serve as a release and assumption of risk.

The Undersigned assumes ordinary risks involved due to the nature of the program(s) and will hold Camp Gilmont harmless from any and all liability whatsoever may arise from, or in connection with the program(s) except for claims arising from gross negligence or willful acts of employees or staff.

Please check which program(s) participating in. ***Each program requires prior reservation; this shall serve as a release form only.*** I certify that I am completely healthy (both physically and emotionally) and capable of participating in:

_____ Challenge Course _____ Mountain Biking Program (***Only for Cabins 5 & 6***)

I have listed on the Health Statement Form any medical condition that Camp Gilmont should be aware of which may hinder my participation in the program(s). However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the program(s). I also state that I am not under, and will not be under, the influence of any chemical substance, including alcohol.

The Great Gluten Escape Camp, Inc.

Print Your Full Name

Signature

Date

Print Name of Parent/Guardian
(if under 18)

Signature

Date