



CAMP HARDTNER PARENT/CAMPER HANDBOOK

SUMMER CAMP

2010

YOU'RE REGISTERED NOW WHAT?

- **READ THIS BOOKLET, EVEN IF YOU ARE A RETURNING CAMPER FAMILY**
- **IS YOUR NAME SPELLED CORRECTLY? IS YOUR BALANCE CORRECT? IF NOT CONTACT THE OFFICE.**
- **REMEMBER TO PAY FULL FEE BY APRIL 1ST TO QUALIFY FOR THE DISCOUNT**
- **COMPLETE YOU HEALTH FORMS. REMEMBER A DOCTOR'S SIGNATURE IS REQUIRED WITHIN THE PAST 24 MONTHS.**
- **RECRUIT FRIENDS TO COME TO HARDTNER WITH YOU!**

CONTENTS

ARRIVAL AND DEPARTURE	2
VISITS, CALLS, MAIL, EMAIL	2
PARENT SPECIAL	2
WHAT TO BRING...AND WHAT NOT TO BRING	3
MONEY \$\$\$	3
MEDICAL	3
CONTACT INFO. DIRECTIONS	4

Welcome to Camp Hardtner

We are thrilled you will be joining us this summer at Camp Hardtner! We have a great summer planned with top notch staff here in the beautiful pine forests of central Louisiana. We are working hard to make sure it is a safe, Spirit filled experience for all our campers.

Camp Hardtner is a ministry of the Episcopal Diocese of Western Louisiana. It is open to campers of all denominations and traditions.

A quality staff led by the Dean, Director and Head Counselor is ready to make your week unforgettable. The staff have all been carefully screened and trained to make sure your week fun and safe.

**FIRST CAMP DEAN
MRS. LOIS FRASER**

**SENIOR HIGH DEAN
MADRE ANNIE BATES**

**JR. HIGH I DEAN
MR. CHRIS BALL**

**PRIMARY CAMP DEAN
FR. WHIT STODGHILL**

**JR. HIGH II DEAN
MOTHER CATHERINE
THOMPSON**

**MIDDLE HIGH DEAN
FR. JEFF MILLICAN**

**FAMILY CAMP DEAN
FR. GEORGE GENNUSO**

**EXECUTIVE DIRECTOR
MR. PATRICK R. HIGGINS**

**HEAD COUNSELOR
MR. JAMES BORDELON**

Camp Accreditation

Camp Hardtner is proud to be accredited by the American Camp Association. Developed exclusively for the camp industry, this nationally-recognized organization focuses on program quality and health and safety issues and requires us to review every facet of our operation. Hardtner has voluntarily submitted to this independent appraisal conducted by camp experts and is proud to have earned this mark of distinction.

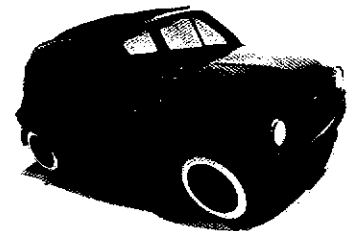


ARRIVAL AND DEPARTURE

Campers should plan to arrive at Hardtner between 1:00 pm and 4:00 pm on the first day of their session. Check in happens in the Dining Hall near the office. Staff will greet you in the parking area in front of the office and help you with your luggage. Make sure you have your health forms and other paperwork such as insurance cards and release forms if you have not already submitted them. Camp fees must be paid in full at this time. Campers will receive their Hardtner T-shirt, check in with the nurse and receive their luggage tags. Once a camper is checked in we ask parents to let the campers start their camp experience and that the parents leave the camp grounds. The first meal at camp is at 6:00 pm. Please inform the camp office of any late arrivals.

	<u>ARRIVE</u>	<u>DEPART</u>
1ST CAMP	JUNE 4	JUNE 6
SR HIGH	JUNE 9	JUNE 16
JR 1	JUNE 19	JUNE 25
PRIMARY	JUNE 28	JULY 3
JR 2	JULY 11	JULY 17
MIDDLE	JULY 20	JULY 26
FAMILY	JULY 30	AUG 1

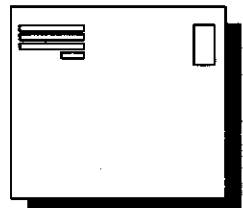
Departure time for all camps (other than First Camp & Family Camp): is right after breakfast on the last day. Breakfast is served at 8am and we ask that you depart camp no later than 10 am. Luggage will be brought to the parking area. Make sure you check out with your cabin counselor. **PLEASE MAKE SURE YOU HAVE ALL YOUR LUGGAGE!** (First Camp and Family Camp will Have a closing Eucharist after breakfast and depart at 10am.)



VISITS, CALL, MAIL, EMAIL

Parents are welcome at camp on opening day and closing day after breakfast. Meals will be provided for **CAMPERS ONLY**. Sorry, we cannot feed families. Experience has taught us that the quicker you leave your young children, the easier parting is on them and you. **PLEASE DO NOT PLAN ON VISITING DURING CAMP**. Visits tend to interrupt the schedule and prolong homesickness, if that is a problem. Telephone calls can do the same. **EMERGENCY CALLS ONLY 318 -765- 3794 OR 318-623-1082.**

Please read enclosed letter about Email and Photo services provided by Bunk1. It explains the details of this new service.



Letters and postcards are a great way to communicate with your child. If you want them to write you, send stamped post cards and envelopes (pre-addressed). We will encourage them to write you. All mail to your child should be addressed to: Name of Camper, Camp Hardtner, 2393 Camp Hardtner Rd., Pollock, LA 71467. Please do not send candy, cake or cookies in the mail, as it attracts insects.

PARENT SPECIAL AT HOLY DAY INN

Since campers are to be picked up no later that 10 am on the last day of Camp it has required some parents to leave home at a very early hour. Here is an option to help those parents and any others who wish to take advantage of it. A limited number of parents can come to camp the night before departure after 7 pm and stay at Holy Day Inn. The Inn is a motel type setting with two twin beds and private bath. Parents will be provided a light reception that night where they can meet other parents as well as Camp Leaders. The next morning a continental breakfast will be provided . After the campers have finished their breakfast parents can pick them up and head home after a good nights' sleep at the Inn! Be prepared to listen to camp stories all the way home! This service will be provided on a first come first served basis and the cost is only \$35 per person. Contact the office to make reservations.

What to Bring (and what not)

- Sleeping bag (or bed linens/blankets)
- Pillow
- Pajamas
- Towels
- Wash cloths
- Shorts
- Shirts (maybe including a white T-shirt for tie-dying)
- Jeans
- Underwear
- Shoes (running shoes required) and socks (lots of socks)
- Bathing suits
- Rain clothes
- Old clothes that won't hurt to get DIRTY
- Nice clothes if there is a dance
- Flashlight
- Toiletries, soap, toothbrush, tooth paste
- Insect repellent
- Sun screen



Money \$\$\$



You will be expected to pay any balance of the registration fee due upon arrival at Camp. Checks should be made payable to Camp Hardtner. The Canteen card and T-shirt are included in the fee. Camp photos are available for \$10 at check in. Some souvenir items are available for purchase are the Camp Store in the office during check out and counselors will be selling the "world famous" Camp Hardtner sticker at check out. Campers generally have no need for spending money during the Camp session.

MEDICAL

The CAMPER HEALTH HISTORY FORM 1 (available online www.camphardtner.org) must be completed within 6 months of camp and submitted to camp along with a copy of your insurance card. FORM 1 need to be signed by Custodial Parent) FORM 2 need to be completed by your licensed physician and signed within the previous 24 months. Sports physicals and old camp physicals are acceptable for FORM 2 if signed within the 24 month period. **NO CAMPERS CAN BE ACCEPTED WITHOUT THESE FORMS.**

During summer camp a physician is on call and a registered nurse is available on site for emergency care. All counselors are also trained in CPR and First Aid. Please review, sign and return the enclosed release form to Camp.

HELPFUL HINTS

A large plastic bag for clothes that are still wet at the end of camp is very helpful. Do not put unbagged wet items in suitcase.

Be cautious washing those tie-dyed items with regular laundry. The result is seldom a pretty sight!

PLEASE LABEL ALL ITEMS WITH CAMPERS NAME. CAMP WILL NOT BE RESPONSIBLE FOR LOST ITEMS

DO NOT BRING

- Firearms, fireworks
- Knives, weapons
- Tobacco products
- Alcoholic beverages and illegal drugs are strictly forbidden
- Cell phones, iPods, electronic games, etc. will be confiscated and returned at end of camp.

Don't forget, you can qualify for a discount by paying your full fees by April 1st!

NO FOOLIN'!



If your child needs special medication occasionally or is on regular medication please send it to camp in the original container with your camper. All medications will be turned into the camp nurse and be under his/her control during the camp session. Please make sure we are notified of any allergies or other special needs.

HOW TO CONTACT

CAMP HARDTNER

2393 Camp Hardtner Road
Pollock, LA 71467

PHONE 318-765-3794
FAX 318-765-0603
EMAIL office@camphardtner.org

FOR EMERGENCY
DIRECTORS' CELL 318-623-1082
DIRECTORS' HOME 318-765-7653



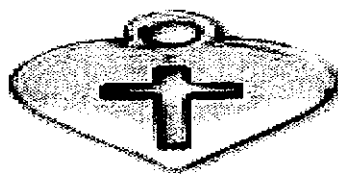
CHECK OUT OUR WEBSITE
WWW.CAMPHARDTNER.ORG

Cancelations, Payments

The registration/deposit fee for all camps is \$100, \$25.00 of which is not refundable. A refund of \$75.00 will be made if cancellation is received at least 10 days prior to the individual camp session. Any cancellations after that date will not receive a refund. **PLEASE NOTIFY US IF YOUR CHILD IS NOT COMING TO CAMP. NO SHOWS PREVENT OTHER CHILDREN FROM HAVING A CAMP EXPERIENCE.** Many camp sessions have waiting lists, so please be considerate of those who did not get accepted.

REMEMBER APRIL 1 IS DEADLINE FOR FULL PAYMENT DISCOUNTS!

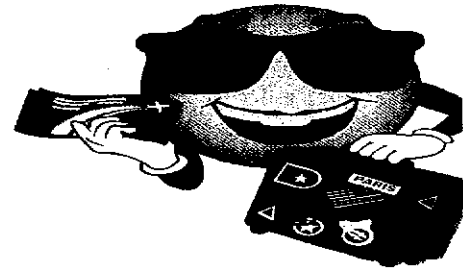
Payment can be made by check, credit card, cash or online. A \$35.00 fee will be charged for checks returned due to insufficient funds, etc. No refunds will be made for early departures.



DIRECTIONS TO CAMP

Camp Hardtner is centrally located in central Louisiana just north of Pollock just off route 165. Signs are posted from the highway.

To get there, go 6 miles north of the town of Pollock on 165. Turn east on 524, go to Hunt Forest Products and just before the log yard, take a sharp left turn. Cross the tracks, go three miles north and you will arrive in camp! You can also arrive from the north but we are expecting construction on the bridges this summer and the possibility of closure.



The Hardtner Summer Camping Committee, Camp Director and staffs have been working for many months endeavoring to make this year's camping experience fun, safe and meaningful. It is our aim to create an atmosphere where Christian community can thrive and your child can experience the goodness of our God. We ask that you pray for us and your child as we enter into this experience of Christian community together. We will keep you in our prayers as well!



Stay in touch this summer with



Online Photos, News, & Camper Email!

We are excited to tell you about our partnership with Bunk1.com! Bunk1's secure, easy to use, summer website services let you stay in touch with your camper all summer!

RETURNING PARENTS: If you had an account at [this camp](#) last summer, you can continue to use your old username and password. Simply sign in at the link below. The first time you visit the site you will be prompted to update your contact information and re-activate your account.

GET STARTED TODAY

To set up a new account and visit our Online Community:

1. Go to our website at www.camphardtner.org
2. Click the "Bunk1.com" button * on the right side of the page
3. Click "Register Now"
4. Enter your Pre-Approved Registration Code: **8708HAR1**
5. Fill out all the required information
6. Purchase Bunk Note credits (you will need a credit card)
7. View camper pictures and send an email to your camper!

* If you cannot find this button, go to www.camphardtner.bunk1.com instead and go on to the next step

** For your camper's safety, please do not share the Pre-Approved Registration code above.

FREQUENTLY ASKED QUESTIONS

How do I view pictures?

Follow the instructions above except, after registering, simply sign in and click on the Photo Gallery button. Photos are kept in folders found on the left side of the page below the words "Image Folders". Click on any folder to see the pictures within that folder. You can even purchase prints or other photo gifts (e.g., t-shirts, mugs) of your favorite pictures! **There is no cost to view pictures.**

How do I send a Bunk Note (one-way email) to my camper?

Follow the instructions above except, after registering, simply sign in and click on the Bunk Notes button. Enter your camper's name, select the correct cabin, type your message, and hit the "Send" button.

Can other relatives use these services?

Certainly. Once you have set up your account, you will be able to invite other people to access these services.

Why do I have to pay to send Bunk Notes (one-way email)?

Each morning, the Bunk Notes system bundles and sorts the messages for us to print out and distribute to campers. It also protects us from computer viruses and allows us to easily manage these emails. Your payment helps us cover the cost of the system, paper, ink, and labor and, more importantly, frees us to do what we do best – be with your kids! Bunk Note credits cost \$1 each and are purchased in packs of various sizes.

What do I do if I lost my username and password?

You can get it online by going to www.Bunk1.com and clicking on the link "Lost Your Password?" (to the left of the page below the sign in button). You will receive an email with your username and password within a few minutes.

QUESTIONS OR PROBLEMS?

Please call Bunk1 at 1-800-216-9472 or go to www.bunk1.com/contact.asp

Bunk1.com

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by American Camp Association
 American Academy of Pediatrics Council on School Health &
 Association of Camp Nurses

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last
 Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
 Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
 Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____
 Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health & Association of Camp Nurses

Camper Name: _____
 First Middle Last
 Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (*) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis * (DTaP) or (TdaP)						
Tetanus booster * (dT) or (TdaP)						
Mumps, measles, rubella * (MMR)						
Polio * (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox) <input type="checkbox"/> Had chicken pox Date: _____						
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

- Medication:** This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by American Camp Association, American Academy of Pediatrics Commission on School Health, & Association of Camp Nurses

Camper Name: _____

First

Middle

Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- | |
|---|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) |

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s): _____ Phone: (_____) _____

Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

**CAMPER HEALTH CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and approved by American Camping Association
American Academy of Teachers Council on School Health &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel:** Cross out those items the camper should not be given.

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimite)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (*list*):

To medications (*list*):

To the environment (*insect stings, hay fever, etc.—list*):

Other allergies (*list*):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (*describe below*)

The camper is undergoing treatment at this time for the following conditions: (*describe below*) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (*name, dose, frequency—describe below*)

Other treatments/therapies to be continued at camp: (*describe below*) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____

Dear Camper Parent:

I am delighted your child will be spending some time with us here at Camp Hardtner this summer. We will do our best to make sure all the campers experience a safe, fun and Sprit filled week at camp. We are excited about all our summer programs.

As you know the camp sessions all end in the morning and require a pick up between 9 and 10 am by the parents. For many of you I know this requires a VERY early departure from home. We will be offering a Parent Specials at the Holy Day Inn at Hardtner Camp and Conference Center on the last night of each session except for First Camp.

The Holy Day Inn is a motel type retreat facility with two twin beds per room with a private bath. Linens are provided and we would provide a light reception to meet other parents and a continental breakfast the next morning to the next morning to the parents. You will be at camp to pick your child without a long drive but be prepared for all the camp stories and songs on the way home! So a fresh start after a good nights sleep at the Inn will be awesome.

Your arrival at Hardtner Camp and Conference Center would be after 7pm on the last night of your child's session. In order to keep the session child oriented and because not all parents will be available we would ask that you stay at the Inn and not get involved in Camper activities that night but we will have a host or hostess to greet you at the Inn and fill you in on the week's activities. Spaces for the Parent Special will be limited and given on a first come basis. Reservations will require full payment of the Parent Special price of \$30/person (includes room, reception and continental breakfast). Feel free to contact me for more information.

Sincerely

**Patrick R. Higgins
Executive Director**

**PARENT SPECIAL RESERVATION
HOLY DAY INN**

**PARENTS
NAME** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

EMAIL _____ **PHONE** _____

CAMPER NAME _____

CAMPER SESSION: _____ **SENIOR HIGH (GRADES 11, 12 GRADS)**
_____ **JR. HIGH 1(GRADES 6 & 7)**
_____ **PRIMARY (GRADES 4&5)**
_____ **JR. HIGH 2(GRADES 7&8)**
_____ **MIDDLE HIGH (GRADES 9&10)**
_____ **PIONEER CAMP (GRADES 9 THRU 12)**

**COST IS \$35/PERSON INCLUDING ROOM, RECEPTION AND CONTINENTAL
BREAKFAST.**

**PARENT SPECIAL ARRIVAL IS AFTER 7 PM AT HENTON HALL ON THE DATE
BELOW:**

_____ **SENIOR HIGH-THURSDAY JUNE 11**
_____ **JUNIOR HIGH 1- SUNDAY JUNE 21**
_____ **PRIMARY- TUESDAY JUNE 30**
_____ **JUNIOR HIGH 2- WEDNESDAY JULY 15**
_____ **MIDDLE HIGH- SUNDAY JULY 26**
_____ **PIONEER CAMP- SATURDAY AUGUST 1**

**PLEASE RETURN WITH FULL PAYMENT TO: PARENT SPECIAL
CAMP HARDTNER
2393 CAMP HARDTNER ROAD
POLLOCK, LA 71467**

CAMP HARDTNER
SUMMER CAMP RELEASE FORM

- * Please provide us with the names of the people whom your child may be released to during and/or at the end of the camp session.
 - * In case of a request for the release of your child to a person not listed, your child will remain at camp until you have been contacted and have given us permission to release your child.
 - * Please notify us immediately if there are any changes in the list at any time during the camp session.
 - * Please fill out a separate form for each child.
 - * Campers will be released by the appropriate cabin counselor ONLY to persons listed on this Release
BE SURE TO INCLUDE YOUR NAME AND ANY FAMILY MEMBER THAT IS APPLICABLE.
- Camper's Name and Session: _____
NAMES OF PEOPLE TO WHOM YOUR CHILD MAY BE RELEASED DURING AND/OR AT THE END OF THE CAMP SESSION.

1. _____
2. _____
3. _____
4. _____
5. _____

Parent/Guardian Signature and Date _____

CAMP HARDTNER
SUMMER CAMP PARENT/GUARDIAN AGREEMENT

In case of sickness, I wish my child to be held at the camp's First Aid Facility. In the event of apparent serious illness, I authorize Camp Hardtner to send him/her to the nearest hospital. Camp Hardtner will transport any child in need of medical care to Rapides Regional Medical Center by camp vehicle. In the event of a medical emergency, Camp Hardtner will contact Pollock Fire Department who is the first responder for this area. If necessary, Pollock Fire Department will contact a local ambulance service to transport the child. All children needing immediate medical attention will be transported to Rapides regional Medical Center only. If I wish for my child to be cared for at a different facility, it will be my responsibility to transfer my child from the aforementioned hospital. I shall be responsible for charges incurred either through home health and accident insurance or Medicaid. I understand I will be notified of any illness/accident as soon as possible. I grant permission for my child to participate in all camp activities and programs at Camp Hardtner.

I authorize Camp Hardtner to have and use photographs, slides and recordings of my child as may be needed for records or public relations.

I understand that Camp Hardtner reserves the right to cancel camp programs should government action or other circumstances make camp operation impossible. Camp Hardtner also reserves the right to decline or accept an application and to dismiss a camper from camp.

Camper's Name and Session _____

Parent/Guardian Signature and Date _____

Insurance Carrier ID/Policy Number _____

Please return this form to Camp Hardtner, along with health form as soon as possible to expedite registration procedures.

Questions? Call (318)765-3794



Stay in touch this summer with Online Photos, News, & Camper Email!

We are excited to tell you about our partnership with Bunk1.com! Bunk1's secure, easy to use, summer website services let you stay in touch with your camper all summer!

TO GET STARTED

I created an account during camp enrollment OR had an account last year

1. Go to our website at www.camphardtner.org
2. Click the "Bunk1.com" link
3. Enter your Username and Password
4. View camper pictures and send an email to your camper!

*If you can't find this button, go to www.camphardtner.bunk1.com and go on to the next step

I do not have a Bunk1 account

1. Go to our website at www.camphardtner.org
2. Click on the "Online Registration" link
3. Click on the link "If you have already registered, you can sign in [here](#)" (*Since you have already registered your camper for camp – do not create a new account*)
4. Enter your Username and Password
5. Click the "Bunk1.com" link at the top of the page
6. Click on the "Register for Bunk1" button at the bottom of the page
7. Follow the instructions to activate your Bunk1 account

FREQUENTLY ASKED QUESTIONS

How do I view pictures?

Simply sign in and click on the Photo Gallery button. Photos are kept in folders found on the left side of the page below the words "Image Folders". Click on any folder to see the pictures within that folder. You can even purchase prints or other photo gifts (e.g., t-shirts, mugs) of your favorite pictures! **There is no cost to view pictures.**

How do I send a Bunk Note to my camper?

Simply sign in and click on the Bunk Notes button. Enter your camper's name, select the correct cabin, type your message, and hit the "Send" button.

Why do I have to pay to send Bunk Notes?

Each morning, the Bunk Notes system bundles and sorts the messages for us to print out and distribute to campers. It also protects us from computer viruses and allows us to easily manage these emails. Your payment helps us cover the cost of the system, paper, ink, and labor and, more importantly, frees us to do what we do best – be with your kids! Bunk Note credits cost \$1 each and are purchased in packs of various sizes.

What are Bunk Note credits?

Bunk Note credits are used to add borders, pictures and word games to your one-way-email. Bunk Note credits are purchased through the website in packages in various sizes. kids! Bunk Note credits cost \$1 each and are purchased in packs of various sizes.

Can other relatives use these services?

Certainly. Once you have set up your account, you will be able to invite other people to access these services.

What do I do if I lost my username and password?

You can get it online by going to www.Bunk1.com and clicking on the link "Lost Your Password?" (to the left of the page below the sign in button). You will receive an email with your username and password within a few minutes.

I keep being told my online registration username & password have already been taken?

Summer Services is part of the whole Bunk1 network, with hundreds of thousands of other users. It's possible that your camp usernames may have already been taken. We suggest adding a number to the end of your current username in order to register for summer services.

QUESTIONS OR PROBLEMS?

Please call Bunk1 at 1-800-216-9472 or go to www.bunk1.com/contact.asp

Bunk1.com