



Agapé

Campfirmation

Is a dynamic, experiential way of presenting catechetical material. Learning is intensified, the community built, and the relationships forged are instrumental in helping your material mean something in daily experience.

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**This collection of pages is
THE CAMPFIRMATION PACKET.**

To learn more about Campfirmation offered by
Agapé Kure Beach Ministries, continue reading this packet.

**We ask that every
pastor and lay leader involved with the
program in any way
please read through these pages.**

**If you have questions,
please contact Christa.**

919.552.9421

program@agapekurebeach.org



WELCOME to the exciting world of Campfirmation! Agapé ☩ Kure Beach Ministries strives to provide the best quality camping experience around. **Even if you are experienced in coming to one of our Campfirmation programs previously, please take the time to read through this packet, as some things may have changed.** We hope you are as excited as we are about the dynamic ministry of Agapé ☩ Kure Beach Ministries Campfirmation Camping.

PHILOSOPHY AND PURPOSE OF CAMPFIRMATION



Campfirmation provides the opportunity to present catechetical material in an experiential way. Learning can be intensified when in a place apart – away from everyday distractions, for increased amounts of time, and being presented in a fun and engaging way. Building intentional Christian community is key to forming a solid confirmation program at any church. Relationships between pastors, youth leaders and their youth will strengthen the overall confirmation program once returning back to the church setting. Pastors/youth leaders are responsible for leading faith formation sessions and Agape staff will lead the rest of the programming. Campers will encounter young adults (their counselors) who live out their faith daily.

What is a Campfirmation Cluster?

Generally, a congregation will pair up with another congregation (or two or three or ten!) to form what is known as a “cluster.” Campers are exposed to different leadership styles (different pastors/leaders) and other Lutherans who are going through the same thing they are! Campfirmation cluster leaders work together to present curriculum and lead sessions. Camp Agapé has several clusters that have already been established and they are open to you joining them. Contact Christa, the Program Director, and she will guide you in the process of which cluster will best fit your congregational and teaching style. If you would like to form your own campfirmation cluster with other congregations, please plan early. Depending on the size of the cluster, dates are set in early fall of the previous year.

AGAPÉ ☩ KURE BEACH MINISTRIES MISSION STATEMENT

Agapé ☩ Kure Beach Ministries calls and gathers all peoples to experience the Spirit through small-group encounters with Christ, in Creation and Community.

GOALS OF SUMMER CAMP PROGRAM

- Build self-value and identity as a child of God.
- Provide quality Christian role models in our staff who can live out their faith in all aspects of their lives.
- Provide a safe environment for campers to grow emotionally, spiritually, mentally, and physically.
- Teach creation stewardship through environmental education experiences and by example.
- Develop and nurture leaders for the church and the world by focusing on camper’s call, gifts, and faith in vocation.
- Use music in a positive way to share our faith.
- Have FUN!

STRENGTH OF AGAPÉ CAMPFIRMATION The strength of our Campfirmation program is the staff. Campfirmation is staffed by a team of young adult counselors led by a Team Leader. Our summer staff is carefully selected for their Christian commitment and love of children. They are trained in leading worship, devotions, singing, crafts, nature study, and recreation. More importantly, they are trained in a relational style of ministry that seeks to meet the individual needs of your confirmation students. Our emphasis is on offering quality Christian role models to young people.

DAILY SCHEDULE

Agapé Campfirmation is designed to be a six-day program, Sunday-Friday. Campers arrive between 3:30-4:30 PM on Sunday and depart after our closing program on Friday which begins between 1:30 and 2:30 PM. Our Campfirmation teams are trained to lead your campers through a variety of activities that best meet your clusters unique needs. The “meat and potatoes” of the Campfirmation program remain consistent, but how the “meat and potatoes” are presented on the plate can be re-arranged by your cluster. For example, if your campers really enjoy hiking, they may go on several hikes during cabin times or may plan an outpost experience for an evening. Our staff customizes the activities and flow of the Campfirmation program to best fit your campers. Session times will remain the same each day, unless arrangements are discussed with the Program Director.



SAMPLE DAILY SCHEDULE

		Campfirmation Sample Schedule					
		Sunday		Monday w/ 1 session		Monday w/ 2 sessions	
SAMPLE SCHEDULE	MORNING	Campfirmation Week at Camp Agapé (basic sample schedule--all times and activities subject to change)		8:00	Breakfast	8:00	Breakfast
				8:45-10:45	Session 1	8:45-10:45	Session 1
				10:45-11:45	Cabin Time	10:45-11:45	Cabin Time
				11:50	Morning	11:50	Morning
				12:15	Lunch	12:15	Lunch
AFTERNOON	3:30	Arrival	1:00	Rest & Hang	1:00	Rest & Hang	
	4:15	Get to Know You Activities	1:30	Cabin Time	1:30	Cabin Time	
	4:45	Leaders meeting					
			2:30-4:00	Activity Time	2:30-4:00	Activity Time	
	5:30	Cookout					
	6:30	Orientations Crafts, Pool, Health	4:15	Cabin Time	4:15	Session 2	
	7:50	Out of pool	5:15	Hang Loose	5:15	Hang Loose	
EVENING	8:30	Singing	5:30	Dinner	5:30	Dinner	
	8:45	Worship	6:30	Worship	6:30	Worship	
	9:15	Campfire	7:00	Camp Activity	7:00	Camp Activity	
	10:00	Candle Power	8:15	Store	8:15	Store	
	10:30	Quiet Time					
	9:30	Candle Power	9:00	Campfire	9:00	Campfire	
		10:00	Candle Power	10:00	Candle Power		

***NOTE:**
Session Times are planned and led by the pastors/chaperones from your church.
 This is purposeful time for your church group to be together without the presence of Agapé staff-
 -to learn and make memories together outside our programmed activities.
 Please plan to bring and use your own materials.

CONGREGATION'S RESPONSIBILITIES:

1. Establish a planning team from the congregation or cluster to work with the A☩KB Ministries Campfirmation staff in planning and preparation.
2. Meet (via phone conversation or personal visit) with the A☩KB Ministries Program Director at least once during the Spring to make all arrangements for the program.

3. **Create and teach a curriculum tailored to the faith development needs of your youth during “Campfirmation Sessions.” In addition, churches will supply any materials needed for activities or the curriculum being taught during these sessions.**
 4. **All adult leaders must be at least 21 years or older and must attend a brief orientation with our Agapé staff (Program Director) on Sunday afternoon/evening.**
 5. Provide all transportation to and from the site. **AGAPÉ WILL NOT TRANSPORT CAMPERS.**
 6. Handle all Campfirmation registration procedures.
 7. Handle the distribution and collection of all camper health, permission, and profile forms. Provide these forms to the Program Director, **at least 3 weeks prior to your program**. This allows staff to review them and adequately prepare and plan for your youth.
 8. Coordinate with the Program Director whether your cluster or A+KB will be handling camper cabin assignments.
- ** Again, we ask that all volunteers involved read through this informational packet; it is our goal that everyone involved is aware of all expectations and responsibilities.**
- ** We expect all church volunteers—before working with young children—to have appropriate background checks completed by the congregation.**



AGAPÉ'S RESPONSIBILITIES:

1. Agapé will provide all reproducible originals of registration forms to be filled out by campers/parents.
2. We will work with you to tailor the program to meet the needs & goals of your congregation/cluster.
3. Agapé will provide all program material not related to the confirmation curriculum.
4. The camp will provide a quality, trained staff at a counselor to camper ratio of 1:6-7 (not including the Team Leader).
5. Agapé will provide the basic daily schedule of activities.
6. We will close each week (Friday) with a program.
7. Because the organization of Agapé ☩ Kure Beach Ministries serves children, Agapé staff are mandatory reporters (as required by the state) regarding instances of potential child abuse in all its forms.

COST: For every 7 campers from a church, one adult is free of charge. Each additional adult leader will cost \$335 for a full week stay. Any further charges such as transportation fees, curriculum and materials, or any other miscellaneous fees are the responsibility of each participating congregation/cluster.

We suggest collecting a deposit from campers upon registration or soon thereafter to ensure attendance. When people have invested in an activity, they are less likely to cancel their registration.

CAMPER ATTENDANCE:

Initial estimates are due with the contract and registration by December 1st. We will base the amount of beds and staff needed for your program off these estimates. If your camper numbers change, it is your responsibility to communicate with the Program Director. In order for A+KB to be better stewards of our resources, it is essential for us to know camper estimates and/or changes as early as possible. We will always encourage continued additions of campers into our program. Please understand that based on the estimates given additional programs will be planned and participants recruited for which will in turn limit space in the Campfirmation program. The earlier we receive additional campers, the more flexible we are able to be with camper registration. If a camper must drop out, the Directors and Pastor/Adult leader will discuss the circumstances and how to proceed in terms of financial obligations.



In recent years, year-round school or the “track-out” schedules have created many scheduling conflicts. We do understand that parents might be reluctant to pull their children out of school for a whole week. However, many schools have policies that will excuse students going to enrichment programs such as a week of camp. Speak with your parents early about talking with their child’s teacher and/or administrator. We find that schools are very willing to work with you! Remind the parents of all the faith and social development that occurs at camp that doesn’t (or can’t) always happen in the typical classroom setting.

Getting Campers Interested:



You have a huge part in making sure the Campfirmation program is a success because you provide the campers! We thank you ahead of time for how much effort you’ll put into talking with parents and campers making sure that they attend camp. If students (and parents) are familiar with the idea and simply realize that it is an expectation of your program – it will make your job much easier come Spring when registration materials are due.

We have found that one of the most helpful tools in getting confirmation students excited about coming to camp is their peers! If you have youth that had a great experience at camp they can help ease nerves early on and generate enthusiasm. Finally, as the pastor or confirmation teacher you may simply need to do a lot of asking face to face.

REGISTRATION PROCESS FOR CAMPFIRMATION:

One of the church's responsibilities is advanced registration of campers. Agapé ☩ Kure Beach Ministries has developed the following procedures to assist you in doing this:

Camper Registration:

Registration for your Campfirmation week takes two forms. These forms are included within this packet–

- **Camper Profile**- Read by the counselor to prepare for and better serve each camper.
- **Campfirmation Health History Form** - details important information on each camper's health history and provides emergency contact information. **No camper may attend Campfirmation without this form completed and signed.**

If you have come to Campfirmation before, please make sure you have this year's registration materials.

The following forms are also included in the packet and are simply provided to be helpful tools for you:

- **Campfirmation Group Roster**
- **Campfirmation Leader Worksheet** - a form designed to assist you in keeping track of registrations, deposits, forms and camper numbers.

All of these forms should be kept by the pastor or adult leaders. The leaders should send **the roster, the completed Profile Forms and the Health History Forms** to Camp Agapé so that they are received at least 3 weeks prior to your Campfirmation week. The Agapé staff must hold onto the Health Forms during the week in case of an emergency. At the end of the week camper profiles may be returned to Pastor/Adult Leader (if requested) but **the Health History forms will be collected for Agapé † Kure Beach Ministries' records.**

REVIEW and TIME LINE of REGISTRATION PROCESS and PAYMENTS

- Beginning in the fall, reserve a week for Campfirmation. If part of a cluster – meet to confirm your date and start the planning and recruitment process. If you would like to increase the size of your cluster NOW is the time to contact other churches. Send to camp your completed registration form along with your completed contract and **\$100.00 holding deposit**. This is applied to your total balance due. This holding deposit is due no later than December 1st.
- We will confirm your Campfirmation week and verify your estimated number of campers (including male/female breakdown).
- A non-refundable payment of **\$100.00 per camper** is due on or before **March 1st**. If you haven't sent in a \$100 holding deposit, then an additional **\$100.00 per camper** is also due after March 1st. **Total = \$200.00 per camper.**
- If you are a first time Campfirmation congregation at Agapé we will set up a date to meet with your coordinator upon request. You are also invited to come and tour our facilities. If you are a returning Campfirmation congregation, we will review your program in a phone conversation.

Please Note:

- Your final non-refundable payment per camper is due on or before **May 1st**.
*After this payment, your total amount paid to camp should simply be the fee for additional campers. **There is a \$25 additional late fee for each camper's material which is not received at least 2 weeks prior to your Campfirmation date.***
- A week** or two prior to your Campfirmation program we will call you to confirm:
 - Final number of your congregation's registered campers
 - Special camper concerns or dietary needs or allergies
 - Final details of your Campfirmation week...i.e. a schedule or facility questions, etc.

Remember, Agapé staff will be keeping the camper's Health Forms for Agapé's records.

Upon signing your contract, after **March 1st**, your deposits are considered non-refundable; **however, you may transfer funds to another camper of the same gender.**

This contract is entered into by A+KB Ministries and the below named congregation and leader.

Congregation / town _____
Cluster name and cluster date _____
Estimated campers (from your congregation): M ____ F ____
Estimated adults (from your congregation): M ____ F ____

Cost for 2022: **Is \$525 for campers** \$25.00 is added per camper if forms (see below) are not received at Agapé at least 2 weeks prior to your group's arrival.

Is \$335 for leaders *Leaders are free at a ratio of one free adult for every seven campers per congregation.

Agapé + Kure Beach Ministries will provide:

- A quality trained staff of Counselors and Team Leader.
- Pre-program planning meetings as requested by the congregation/clusters.
- A copy of all required registration and release forms to be reproduced as needed.
- Site/Facilities for hosting the Campfirmation week.
- Housing and meals for Campfirmation campers and church leaders as determined by clusters/clusters.
- Programmed activities for Campfirmation campers when campers are not in sessions with leaders.
- Six days (Sun. afternoon-Fri. afternoon) of quality, relationship-based programming for Campfirmation campers.
 - Sunday Arrival between 3:30-4:30 PM and Friday departure between 2:00-3:00 PM.



Each participating congregations will provide:

- A registration and contract including an estimate of the number of campers expected to participate from their own congregation in the Campfirmation program – due on or before **December 1st**. These estimates are vital to summer staff recruitment and camper registrations for other programs.
- Continued responsibility to maintain the estimate of campers given upon registration, and will update with A+KB staff if their estimated number of campers changes throughout the year.
- Completed group roster (indicating campers' names, grades, and gender), completed camper health forms, and camper/parent profile forms given to Agapé at least 3 weeks prior to your group's arrival. A late fee of \$25 will be attached to each camper whose forms do not meet this deadline.
- Adherence to the American Camp Association (ACA) and Agapé policies for health and safety.
- Agree to follow all A+KB Ministries policies pertaining to guests or user groups.

FINANCIAL OBLIGATIONS –

- A non-refundable deposit of **\$100.00** per congregation upon the signing of this contract – due on or before **December 1st**. This deposit ensures your congregation's participation and will be applied to your final balance.
- A non-refundable deposit of **\$100.00 per camper upon the signing of this contract**--due on or before **March 1st**. If a camper is no longer able to attend, you may recruit a new camper to fill this spot; however, the deposit is **non-refundable. Each congregation's minimum deposit is \$100 per congregation plus \$100 per camper before March 1st or \$200.00 per camper after March 1st to reserve each camper space.**

NOTE: We encourage you to obtain the deposit from the parents to promote their commitment.

- Final balance payment to be received by A+KB Ministries no later than **May 1st**.
- Additional campers may be added after May 1st; however, an additional **\$25.00** will be added.
- Additional fee of **\$25.00** for an incomplete set of forms (including: health forms, camper profiles, parent profiles, or rosters) that are not returned to Camp Agapé at least 2 weeks before your group's arrival.

Failure of Agapé to meet their responsibilities can result in withholding the payment due.

Failure of the congregation to meet their responsibilities can result in the termination of the Campfirmation Week and/or further financial obligations.

Initial _____

Agapé ☩ Kure Beach Ministries Representative

Date

☩ I understand the responsibilities of Agapé ☩ Kure Beach Ministries pertaining to the Campfirmation program. I also understand the responsibilities of my congregational group--prior to and during the Campfirmation week. I agree to abide by the guidelines set forth in mutual commitment to sharing the Gospel of Jesus Christ with all people.

Congregational / Campfirmation Representative

Date

Please return this contract to camp and keep a copy of this contract for your records.

Agapé ☩ Kure Beach Ministries – ATTN: Campfirmation - 1369 Tyler Dewar Ln. – Fuquay-Varina, NC 27526

2022 AGAPÉ CAMPFIRMATION CONTACT INFORMATION

Name of church(es) participating: _____

Estimate numbers of participants: Male _____ Female _____ Leaders _____

Church Address: _____

Church phone: _____

e-mail: _____

Pastor: _____

Mail info to church

Campfirmation Leader(s): _____

Home address: _____

Daytime phone: _____

Evening phone: _____

e-mail: _____

Mail info to my home

Reminder: As part of our continuing efforts to conserve the resources of God's creation, we are using email to send all relevant forms and paperwork for Campfirmation. They are available for you to print and reproduce as you need. If you would rather receive paper copies in the mail, we can also do that. Please check a box to make your choice:

Please mail me the forms/papers.

I will use forms sent via email.

Agapé ☩ Kure Beach Ministries looks forward to the opportunity to serve your congregation and community in this exciting Campfirmation program!

AGAPÉ ✝ KURE BEACH MINISTRIES

1369 Tyler Dewar Lane, Fuquay-Varina, NC 27526
Phone: 919-552-9421 FAX: 919-552-0720

CAMPER PROFILE – For Parents and Campers to fill out.

For office use
Code _____

To Parents: Our staff can provide your camper with the best possible camp experience this summer if we know as much about him/her as possible. We would appreciate your courtesy and interest if you would fill out this profile. It will be confidential. Please complete the camper section with your camper, so that their counselors will be prepared to give your child a wonderful camp experience.

Camper's Name: _____ Age: _____ Birth date: _____

What they prefer to be called: _____ Grade entering: _____ Gender: _____

Address: _____
Street City State Zip

Years at camp: _____

Father's name: _____ Mother's name: _____

Siblings: _____

Pets (type and name): _____

Major interests and/or hobbies?

Major talents, skills, and abilities?

To Complete Together:

Roommate requested _____, this camper must also request you.

I expect my counselor to:

At camp I would like to:

I am worried about:

General health: robust: _____ normal: _____ below average: _____ sickly: _____

Any physical limitations? _____ describe: _____

Any special medications? _____

Have you taken this child off of any medications he/she takes during the school year. ____ YES ____ NO

If yes, what medications and why? _____

What is the swimming skill of your camper? very good _____ fair _____ beginner _____

What social contacts does your camper have with others his/her age?

Makes friends: easily _____ fairly easily _____ with difficulty _____

Most friends are: older _____ younger _____ same age _____

Relates best to adults who are _____ male _____ female _____ either

In case of divorce or separation, with whom does the camper live?

_____ name _____ relationship

Are there any circumstances or behaviors that you think will affect your camper at camp?

Other information that would be helpful to a counselor:

What objectives do you have in sending your child to camp? (What do you hope your child will get out of this experience?)

Signature: _____
Parent/Guardian relationship date

Campfirmation Group Roster

date of event: _____

SEND THIS BACK TO CAMP BEFORE YOUR ARRIVAL! 😊 This form is for our use to properly register your campers. We need to know names and sex of campers attending as soon as possible to be able to properly house participants as well as prepare materials and staff.

Contact Person: _____

Phone to reach contact person: (_____) _____

Church Name: _____

Address: _____

City, St, Zip: _____

Camper and Pastors/Leaders Names	Current grade	Gender	Comments / Concerns / ALLERGIES

Remember to include the names and gender of all participants...including adult leaders...we need to know who is coming to Campfirmation so we can make sure they will have a bed.

Agapé ✝ Kure Beach Ministries Health History Form

<p>To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.</p> <ol style="list-style-type: none"> 1. Complete front and back of this form and make a copy. 2. Send the <u>original</u> signed form to camp at least 10 days prior to camper's arrival. 3. Campers cannot be accepted for camp sessions without a signed health history. 	<p>Mail this form to: Agapé ✝ Kure Beach Ministries 1369 Tyler Dewar Lane Fuquay-Varina, NC 27526</p>	Camper Name _____ Last			
<p>Camper Name: _____ Last First Init.</p> <p>Gender: _____ Birth Date _____ Grade Entering: _____ Dates will attend camp: from _____ to _____ <small>Month/Day/Year Month/Day/Year Month/Day/Year</small></p> <p>Camper Email: _____ Camp Program _____</p> <p>Camper Home Address: _____ <small>Street Address City State Zip Code</small></p>			First _____ Initial _____		
<p><u>Parent/guardian with legal custody to be contacted in case of illness or injury:</u></p> <p>Name: _____ Relationship to Camper: _____</p> <p>Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____</p> <p>Home Address: _____ <small>(If different from above) Street Address City State Zip Code</small></p> <p><u>Second parent/guardian or other emergency contact:</u></p> <p>Name: _____ Relationship to Camper: _____</p> <p>Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____</p> <p><u>Additional contact in event parent(s) (guardian(s) can not be reached:</u></p> <p>Name: _____ Relationship to Camper: _____ Home/Cell Phones: (____) _____ (____) _____</p>			(For Camp Use) Cabin or Group _____ (For Camp Use) Week/Camp _____		
<p><u>Allergies:</u> <input type="checkbox"/> No known allergies. <input type="checkbox"/> This camper is allergic to: <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> The environment (insect stings, hay fever, etc.) <input type="checkbox"/> Other <i>(Please describe below what the camper is allergic to and the reaction seen.)</i></p>					
<p><u>Diet, Nutrition:</u> <input type="checkbox"/> This camper eats a regular diet. <input type="checkbox"/> This camper eats a regular vegetarian diet. <input type="checkbox"/> This camper has special food needs. <i>(Please describe below.)</i></p>					
<p><u>Activity Restrictions:</u> Chronic illness, operations, or serious injury. <i>(Please describe below.)</i></p>					
<p><u>General Health History:</u> Check "Yes" or "No" for each statement. Explain "Yes" answers below.</p> <p>Has/does the camper:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> 1. Had frequent ear infections? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Have a heart defect or heart disease? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Had seizures or convulsions? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Have a bleeding/clotting disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Have asthma/wheezing/shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Had Psychiatric Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Have headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Have diabetes? (year) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width: 50%; vertical-align: top;"> 12. Had mononucleosis ("mono") during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 13. If female, have problems with periods/menstruation <input type="checkbox"/> Yes <input type="checkbox"/> No 14. If female, has been told about menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No 14. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No 15. Had hypertension? <input type="checkbox"/> Yes <input type="checkbox"/> No 16. Have a history of bedwetting? <input type="checkbox"/> Yes <input type="checkbox"/> No 17. Had Chicken Pox? <input type="checkbox"/> Yes <input type="checkbox"/> No 18. Had Measles? <input type="checkbox"/> Yes <input type="checkbox"/> No 19. Had Mumps? <input type="checkbox"/> Yes <input type="checkbox"/> No 20. Had German Measles? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table> <p>Please explain "Yes" answers in the space below, noting the number of the questions.</p>			1. Had frequent ear infections? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Have a heart defect or heart disease? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Had seizures or convulsions? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Have a bleeding/clotting disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Have asthma/wheezing/shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Had Psychiatric Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Have headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Have diabetes? (year) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Had mononucleosis ("mono") during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 13. If female, have problems with periods/menstruation <input type="checkbox"/> Yes <input type="checkbox"/> No 14. If female, has been told about menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No 14. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No 15. Had hypertension? <input type="checkbox"/> Yes <input type="checkbox"/> No 16. Have a history of bedwetting? <input type="checkbox"/> Yes <input type="checkbox"/> No 17. Had Chicken Pox? <input type="checkbox"/> Yes <input type="checkbox"/> No 18. Had Measles? <input type="checkbox"/> Yes <input type="checkbox"/> No 19. Had Mumps? <input type="checkbox"/> Yes <input type="checkbox"/> No 20. Had German Measles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Agapé ✝ Kure Beach Ministries • 1369 Tyler Dewar Lane • Fuquay Varina, NC 27526 • 919.552.9421 • www.agapekurebeach.org					

Camper Health History Form

(page 2)

Camper Name: _____
Last First Init.

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)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No
4. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)..... Yes No

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

Immunization Record:

Date of Last Tetanus _____ DPT _____ Polio _____ MMR _____

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) | Phenylephrine decongestant (Sudafed PE) | Calamine lotion |
| Ibuprofen (Advil, Motrin) | Pseudoephedrine decongestant (Sudafed) | Antibiotic cream |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) | Aloe |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) | Bandaid Anti-Itch Gel (.45% camphor) |
| Calcium Carbonate (Tums, Antacid tablets) | Generic cough drops | Isotonic Solution (eyedrops) |
| Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) | Sore throat spray | Isopropyl Alcohol (ear drops for swimmer's ear) |

Health-Care Providers:

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

Medical Insurance Information: This camper is covered by family medical/hospital insurance Yes No

Please include a copy of your insurance card; copy both sides of the card so information is readable.

Insurance Company _____ Policy or ID # _____ Group Plan # _____
 Subscriber _____ Insurance Company Phone Number (_____) _____ Where insured is employed _____
 Address for claims _____

Check here if you do **NOT** give permission for AϕKB Ministries to photograph your child for camp promotional purposes (brochures, SmugMug, etc.) No names are used.

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: _____

What Have We Forgotten to Ask?

Please attach 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.