



Application for Camp Cedar Illinois Inc.

Please complete all the questions in this application thoroughly. The more information you provide, the better we are able to care for your camper while at camp. If you have any questions please contact Gwen, Edith, or Daphne at: CampCedarIL@gmail.com. Thank you!

Please send completed camper application packet via mail or email to:

Email: CampCedarIL@gmail.com

Mail: P.O. Box 129 Steward IL 60553.

Camp will be held in a location within 30 minutes of Dekalb, IL. In an effort to make sure campers stay safe, we will send you the location of camp after applications are submitted and accepted!

Contact & Camper Information

Camper Information:

Camper's Name: _____ Date of Birth: _____ Age: _____

Address: _____ Grade Completed Spring 2024: _____

City, State, Zip Code: _____

T-Shirt Size: _____ Shoe Size: _____ Height: _____ Weight: _____

Camper's Residence is: Parent/Guardian's Home Group Home Foster Care Other: _____

How did you hear about Camp Cedar Illinois Inc.? _____

Parent / Guardian / Foster Parent Information:

Name(s): _____

Address (Street, City, State, Zip Code): _____

Home Phone: _____ Cell Phone: _____

Cell Phone 2: _____ Email Address: _____

Group Home Information (Please complete this section if the camper resides in a group home.)

Group Home Name: _____

Address (Street, City, State, Zip Code): _____

GH Manager Name: _____

Phone: _____ Email: _____

Caseworker Name: _____

Phone: _____ Email: _____

Who should be the primary contact (circle one) GH Manager Caseworker Parent/Guardian

Foster Care Information (Please complete this section if the camper is in foster care.)

Agency Name: _____ Phone: _____

Address (Street, City, State, Zip Code): _____

Caseworker: _____

Phone: _____ Email: _____

Who Should be the primary contact (Circle one) Foster Parent Caseworker Agency



Emergency Contacts: (Please provide 3 emergency contacts)

Name: _____

Relation to Camper: _____

Home Phone: _____ Cell Phone: _____

Name: _____

Relation to Camper: _____

Home Phone: _____ Cell Phone: _____

Name: _____

Relation to Camper: _____

Home Phone: _____ Cell Phone: _____

Person(s) authorized to pick up camper:

Name: _____

Relation to Camper: _____

Home Phone: _____ Cell Phone: _____

Name: _____

Relation to Camper: _____

Home Phone: _____ Cell Phone: _____

Please tell us about your camper!

Please describe any unusual behaviors or behavior issues that we might expect to see and describe ways to handle them.

Blank space for describing unusual behaviors or behavior issues.

Please describe any known triggers that we should be aware of and how to address them.

Blank space for describing known triggers and how to address them.

Medical Information

Physician & Insurance Information

Name of Primary Care Physician: _____

Phone Number: _____

Other Doctor _____ Phone Number: _____

Name of Insurance Provider: _____

Policy Holder: _____ Policy Holders DOB: _____

Policy #: _____ Group #: _____

Health History

Please check all of the following that apply to this camper:

- | | |
|---|--|
| <input type="checkbox"/> Contacts/Glasses | <input type="checkbox"/> Previous Hospitalizations or Surgeries |
| <input type="checkbox"/> Hard of Hearing/Deaf | <input type="checkbox"/> Chronic or Reoccurring Illness (not previously listed) |
| <input type="checkbox"/> Recent Head, Back, or Neck Injury | <input type="checkbox"/> Emotional, Social, Learning or other Mental Health Concerns (ADHD, Anxiety, Depression, Etc.) |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Issues related to sleep (insomnia, night terrors, bed wetting etc.) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Existing Heart Conditions | <input type="checkbox"/> Activity Restrictions |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other Concerns not previously listed |
| <input type="checkbox"/> Diarrhea, Constipation, or GI Issues | |
| <input type="checkbox"/> Skin Conditions | |
| <input type="checkbox"/> Joint Problems (recent or chronic) | |

If yes to any of the above, please explain: _____

Does this camper have any allergies? (Please check the following if applicable)

- Allergies (non life-threatening environmental, medication, food)
- Severe or life-threatening FOOD allergies
- Other severe or life-threatening allergies

Please list the allergen and describe the allergic reaction:

Health History (Continued)

Please indicate by checking yes or no for each of the following medications which can be used for the camper in a first-aid situation.

YES	NO	Medication
		Sunscreen
		Aloe
		Insect Repellent
		After Bite
		Calamine Lotion
		Ibuprofen
		Tylenol (Acetaminophen)
		Benadryl (Diphenhydramine)

YES	NO	Medication
		Triple Antibiotic Ointment
		Bacitracin Ointment
		Hydrocortisone Cream
		Antiseptic Spray
		Burn Gel with Lidocaine
		Hydrogen Peroxide
		Tums
		Other (Please note)

Please indicate if your child is currently taking any medication (or will be) during camp. *Please List Below:*

Be as specific as possible with your campers dosing regimine.

If your camper requires an EpiPen, inhaler, or any other as needed medication, please include in the list below and make sure and send this with your camper to camp!

(Note: MUST be accompanied by signed (attached) Medical Authorization & Release Form)

Medication 1: _____ Dose: _____
 Route: _____ Frequency: _____ Reason: _____

Medication 2: _____ Dose: _____
 Route: _____ Frequency: _____ Reason: _____

Medication 3: _____ Dose: _____
 Route: _____ Frequency: _____ Reason: _____

Medication 4: _____ Dose: _____
 Route: _____ Frequency: _____ Reason: _____

Medication 5: _____ Dose: _____
 Route: _____ Frequency: _____ Reason: _____

Medication 6: _____ Dose: _____
 Route: _____ Frequency: _____ Reason: _____



Medical Release Statement (Please Read & Sign)

While Camp Cedar Illinois Inc. has safety protocols in place to manage and mitigate risk, I agree to the following:

This health history is correct and complete as far as I know. The completed health information form may be printed / photocopied for camp.

I agree that Camp Cedar Illinois Inc., it's agents, officers, employees, trustees and volunteers will not be liable for any injury, death, damage and/or loss to myself or my child/ward, and/or anyone claiming on my child/ward's behalf, and I further agree to hold harmless, indemnify and defend Camp Cedar Illinois Inc., its officers, staff, agents, employees, trustees, and volunteers for and from any and all liability, claims, losses, injuries, expenses, fees and/or damages arising out of any injury, illness or death to myself or my child/ward or property damage during my or my child/ward's attendance at Camp Cedar Illinois Inc. The minor child herein has permission to engage in all camp activities as described on the application unless otherwise noted on the health information form. While Camp Cedar Illinois Inc. has safety protocols in place to manage allergen related issues, I understand that a child with specific allergies or intolerances has a role and responsibility in the avoidance of the known allergen. I agree to educate my child/ward, who has allergies or intolerances, to ask questions, read labels, or abstain from the substance in question when in doubt.

I hereby give permission to the camp to provide basic first aid, and administer prescribed medications as authorized by my child/ward's Primary Care Physician. I also give permission for Camp Cedar Illinois Inc. to administer camp stocked over-the-counter medications on an "as needed" basis, as indicated on the health form, and as directed by the camp staff. I give permission to Camp Cedar Illinois Inc. to seek emergency medical treatment including ordering x-rays or routine tests. In the event of an emergency, I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the practitioner selected by the camp to secure and administer treatment, including hospitalization for my child/ward.

I hereby authorize Camp Cedar Illinois Inc.'s health officials to share health information and health history with the other staff members on a need to know basis. This included the camp director, program directors, and counselors that have the minor in their care. The purpose of this disclosure is for the necessary staff to be prepared in advance for any medical emergencies. I agree to the release of any records necessary for insurance purposes. The health information that may be disclosed will be from the Health Information Form. I authorize release of medical information to Camp Cedar Illinois Inc.'s camp practitioner, for necessary treatment while attending camp. I also authorize the release of medical information from my child/ward's PCP office to Camp Cedar Illinois Inc. if necessary. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I also understand that this information is released to aid in the treatment and care of my child/ward.

Parent/Guardian Name Printed: _____

Parent/Guardian Name Signed: _____

Date: _____

General Camp Cedar Illinois Inc. Policies

Anti-Bullying Policy:

Bullying is when one or more people exclude, tease, taunt, gossip, hit, kick, or put down another person with an intent to hurt. At Camp Cedar Illinois Inc., bullying is inexcusable, and we have a firm stance against all types of bullying. Our leadership addresses all incidents of bullying seriously and trains staff to promote communication with their campers so both staff and campers will be comfortable alerting us to any problems during their camp experience. Every person has the right to expect to have the best possible experience at camp, and by working together as a team to identify and manage bullying, we can help ensure that all campers and staff have a great experience at Camp Cedar Illinois Inc.

Safety

Here at Camp Cedar Illinois Inc., we take safety very seriously. Below are some of the safety measures that are taken:

One body - One bunk: only one person is allowed in a bunkbed - NO exceptions.

Big Buddies (volunteers) **cannot** ask for a hug from a little buddy (campers). If a little buddy wants a hug, they can ask a big buddy or other little buddy for a hug. Big or little buddies can say no if they do not want a hug.

There will always be at least three people in a group. Big and little buddies are NEVER alone one on one.

Big and little buddies will always stay within eye sight and ear shot of the group.

Big and little buddies are not allowed to have cell phones present during camp. The camp director will have a cell phone in case of emergencies.

No pictures of any kind are permitted.

"Not a toe in the water". The girls will have the opportunity to go canoeing if they would like to, but swimming is not permitted for safety reasons.

Big buddies will NOT be using the same bathrooms or showers as little buddies.

Confidentiality: all big buddies are required to sign confidentiality agreements in an effort to protect the girls and their history. We believe what happened is their story, and they are the only ones who get to share their story.

After Camp, if a big buddy sees a little buddy in public, they can smile at them, but they are not allowed to start a conversation with little buddies unless the little buddy comes up to them.

Big buddies are not allowed to have contact with any of the little buddies outside of camp. They cannot become Facebook friends or have contact on any social media etc. If the little buddy would like to send their big buddy a letter, they can send a letter to Camp Cedar Illinois Inc. which will be screened and forwarded to the big buddy. If the big buddy wants to respond, they can only send their letter to Camp Cedar Illinois Inc., which will then be screened and forwarded to the little buddy's guardian.

What to Expect at Camp Cedar Illinois Inc.

Now that we've gotten through all of the necessary background and legal information, here's a little snapshot of what your child/ward can expect at Camp Cedar Illinois!

Each little buddy (camper) will be paired with a big buddy (volunteer) who will be responsible for ensuring their safety for the weekend!

The weekend is full of group activities as well as extra activities which the girls can choose or choose not to do! Our goal is to empower the girls, and let them make their own choices of what activities they want to participate in! Some of the activities offered include:

- Art Therapy
 - Team Building & Group Activities
 - Music / Instruments
 - Singing & Dancing
 - Cabin Skits
 - Morning Circle Stretches
 - Canoeing
 - Archery
 - Celebration Service
 - Arts & Crafts
 - Star-gazing
 - Nature Walks
 - Bonfires
 - Spa (painting nails & doing hair)
 - Gaga Ball (outdoor kickball activity)
- & much more!

Each little buddy will receive a binder full of the fun camp songs that we will be singing, mindfulness exercises to take home, coloring pages, journaling pages, Camp Cedar contact information and local resources.

We will be having "four off the floor" time for one hour each day - this is a time where the girls can take a nap, or do a quiet activity.

We will have a health and wellness talk with the older girls.

There will be what we call the "Butterfly Ceremony" at the beginning of camp. This is a time where we briefly talk about the reason why we are all here. We reassure the girls that they are not alone in what happened to them and it is not their fault! They are beautiful and strong! We want them to see themselves as survivors rather than victims. With the Lord's help, they can have full and complete healing. At the end of camp, we have another little ceremony to just reflect on some of the things we've experienced and remind our campers that they are all very welcome back year after year!

If you have any questions or would like additional information, please reach out to Gwen, Edith, & Daphne at CampCedarIL@gmail.com, or by phone at: 224-769-6336 or 224-769-6343.

Camper Packing List

Please be sure to pack clothes that can get dirty! We will be spending a lot of time outside and clothes and shoes may get muddy! We also have paints and glitter and other messy art supplies available in the arts & crafts room!

Bring:

Sneakers or old shoes
Flip Flops for the shower
3-4 Pairs of Jeans
3-4 Pairs of Shorts
3-4 Shirts
Pajamas
3-4 Pairs of Socks
3-4 Pairs of Underwear
1-2 Sweatshirts
Jacket or Coat
Hairbrush

Leave at Home:

Valuables
Perfume or scented items
Electronics of any kind

**If your camper brings her phone, we will be storing them in a central location while at camp. Please call the main camp phone number if you need to get in contact with your camper or the volunteers!*

Camp Cedar Phone Numbers:

(224) 769-6343 or (224) 769-6336

We will provide the following:

Sheet set, Comforter, & Pillow for the bunk beds
Towels & washcloths
Shampoo/Conditioner
Toothbrush/Toothpaste
Sunscreen & Insect Repellant
Deodorant

If the need arises, we have clothes and shoes that the girls can have!



Parent/Guardian Agreement, Consent, and Release:

While Camp Cedar Illinois Inc. has safety protocols in place to manage and mitigate risk, I agree to the following:

Please read this section carefully before signing, and be aware that in signing up and participating in this program, you will be waiving and releasing all claims for injuries, or loss of property damage that your child/ward might sustain arising in any manner out of this program. This section must be read and signed by each camper's parent/guardian or they will not be allowed to participate.

Acknowledgement of Risk or Injury Clause:

As a participant in the program, I recognize the risk and acknowledge that there are certain risks of physical injuries, including death, damages, property damage, or loss which my child/ward may sustain as a result of participating in any and all activities connected with such program.

Permission to Treat:

I hereby give permission for my child/ward to receive first aid from program staff. I hereby give permission to the medical personnel selected by Camp Cedar Illinois Inc. to order x-rays, routine tests, treatment and necessary transportation for my child/ward. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp Cedar Illinois Inc. to secure and administer treatment, including, but not limited to x-rays, hospitalization and surgical interventions. I also give permission to Camp Cedar Illinois Inc. to obtain related transportation. I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward may sustain as a result of said participation.

Waiver of Claim for Injury Clause:

I agree to waive and relinquish all claims that I (or my child/ward) may have for injuries or damages, as a result of participating in the program, against Camp Cedar Illinois Inc. and their officers, agents, servants, employees, volunteers, and affiliates.

Release from Liability Clause:

I do hereby fully release and discharge Camp Cedar Illinois Inc., and their officers, agents, servants, employees, and affiliates from any and all claims for injuries, including death, damages, property damage, or loss which may have or which may in the future accrue to me (or my child/ward) on account of participation in the program.

Indemnity and Defense Clause:

I further agree to indemnify and hold harmless and pay defense costs and defend Camp Cedar Illinois Inc., and their officers, agents, employees, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me (or my child/ward) and arising out of, connected with, or in any way associated with the activities of the program. The undersigned, in case of emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment by a physician or hospital selected by the Camp Director. Such permission shall include any and all medical treatment which is necessary or desirable in the absolute discretion of any such physician or hospital. The undersigned recognizes the right of the Camp Director, in her absolute discretion, to terminate a camper's stay at any time due to disciplinary or medical actions which might jeopardize the camper's or others' health, safety, or well being at camp.

Parent/Guardian Name Printed: _____

Parent/Guardian Name Signed: _____

Date: _____