

Purpose of Haven Camps & Retreats

The purpose of the Delta Lake Haven Camp program is to provide for the campers' needs. Although we recognize the need for respite care givers, that is not our purpose. We wish to provide a safe, fun environment in which the campers will experience the love of God and gain knowledge of the impact that Jesus Christ can have in their lives.

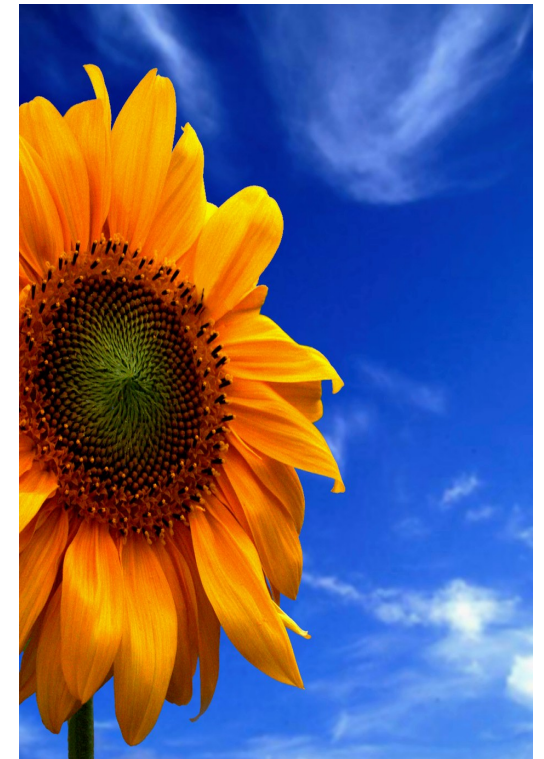
The campers must be able to participate in the program. In order for our program to be successful the criteria listed inside this brochure must be met.

Rules for acceptance and participation in the program are the same for everyone without regard to race, color, gender, or national origin.



6420 Pillmore Drive
Rome, NY 13440
315-336-7210

Haven Camps 2011



**Delta Lake Bible Conference Center
Rome, NY**

Camper will not be registered until the enclosed forms; a copy of the health insurance cards/documents and deposit have been received

Criteria for Campers:

1. The camper must be able to participate in simple crafts, some physical activity, some response to music and speaking, etc.

2. The camper must not display aggressive behavior. They must be able to control themselves in an appropriate manner so as not to cause injury to others or themselves. We expect them to behave in an acceptable manner so that others can enjoy their stay as well.

3. The camper must be able to take care of their own personal physical needs with a minimum of help. We expect to help campers in the shower to some degree, to help with buttons and zippers while dressing, to remind campers to change their clothing where appropriate and be on hand to help support them and provide security for them as necessary. We do not expect that they will be entirely dependent on counselors to dress and undress them or to actually get in the shower and bathe them.

4. The camper must be continent. Our counselors are not trained nurses' aides but young college students with training only to meet campers' basic and simple needs and work with them as camp counselors. Opportunities for toileting are provided throughout the day and if it is necessary for them to go to the rest room at other times, we ask that the client be able to express his/her needs in some manner.

We have registered nurses and thoroughly trained professionals present at all time to meet the needs of your campers.

Haven Camps 2011

The Cost for Haven Camps:

Haven 1-5 & 7 is \$393 (\$365 if registered by May 13, 2011)

Haven 6 (open to campers ages 12-17 only) is \$463 (\$435 if registered by May 13, 2011)

Registration:

The Registration Deadline is two weeks prior to each camp. Some weeks fill up quickly and early registration is encouraged. A \$30.00 non-refundable, non-transferable deposit and the enclosed Registration Form & Medical Forms **MUST** accompany this registration. The balance is payable prior to or upon arrival.

Campers Must Bring: Clothing, Medications, Spending Money, Towel, Pillow, and Sleeping Bag or any other special required bedding.

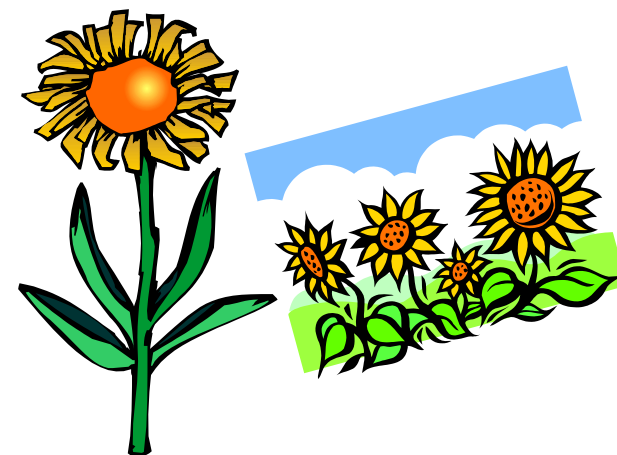
Medical Forms:

The required medical forms are enclosed and **must be returned with this Application.**

Camper will not be registered until the enclosed forms; a copy of the health insurance cards/documents and deposit have been received

2011 Summer Dates

- Haven 1 (July 11-15, 2011)
- Haven 2 (July 18-22, 2011)
- Haven 3 (July 25-26, 2011)
- Haven 4 (August 1-5, 2011)
- Haven 5 (August 8-12, 2011)
- *Haven 6 (August 14-18, 2011)
**Haven 6 runs Sunday thru Thursday, Open to campers Ages 12-17 Only.*
- Haven 7 (August 22-26, 2011)



Mark Your Calendars!!!

***Haven Harvest Fest
(October 21-23, 2011)***

Watch your mail for more information on Haven Harvest Fest 2011!!



2011 HAVEN CAMP REGISTRATION FORM

Delta Lake Bible Conference Center
6420 Pillmore Drive
Rome, NY 13440
Phone (315) 336-7210
Fax (315) 338-0909

Camper's Name _____ Gender _____ Date of Birth _____

Camper's Address _____

Caregiver's Name _____ Position _____

Caregiver's Phone Number _____

Person to be contacted if forms are not complete or money is not received:

Registration Form _____ Name and Position _____ Phone Number _____

Medical Form _____ Name and Position _____ Phone Number _____

Insurance Form _____ Name and Position _____ Phone Number _____

Financial Payment _____ Name and Position _____ Phone Number _____

Person to contact while the camper is at camp (for behaviors, homesickness, etc.)

#1 Contact Person's Name _____
Position/Relationship _____
Phone Number _____

#2 Contact Person's Name _____
Position/Relationship _____
Phone Number _____

Mark in order of preference which week the camper would like to attend (1st, 2nd, 3rd Choice):

Haven 1 (July 11-15, 2011) _____

Haven 2 (July 18-22, 2011) _____

Haven 3 (July 25-29, 2011) _____

Haven 4 (August 1-5, 2011) _____

Haven 5 (August 8-12, 2011) _____

* Haven 6 (August 14-18, 2011) _____

* *Open to campers Ages 12-17 only*

Haven 7 (August 22-26, 2011) _____

Picture Permission:

Pictures of campers are taken for the campers to bring home a momento of their week at camp. At times, those pictures are used in the brochure that is sent out the next camp season. ***If you do not want*** your campers picture taken please sign here: _____

Behaviors

Have there been any recent history of aggressive behavior? If yes, please explain:

How does the camper react when startled, upset or angered?

What is the preferred method of calming the camper down when they get startled, upset, or angered?

What does the camper enjoy talking about?

Name of Preferred Roommate _____

Tips for each of these areas to make your camper's stay more pleasant:

Morning routine for dressing, showering, toileting, etc.

Meal times

Activities such as walking, swimming, boating, etc.

Bedtime routine

2011 Health Information for Haven Camps

Camp Office Use:

Spring
Haven 1 Haven 2 Haven 3
Haven 4 Haven 5 Haven 6 Haven 7
Fall

Camper Name: _____
Gender: M / F DOB: _____
Home Phone # _____
Care Provider Name _____

Recent History: Has this camper had any recent illness, injury, surgery or exposure to infectious disease?
YES / NO If yes, explain _____

Medications/Treatments: Will this camper require medication or treatments while at camp? YES / NO

Medication and/or treatment orders signed by MD **MUST** be mailed or faxed to camp at least 2 weeks before camp starts. REMEMBER to include MD approved OTC medication orders, blood sugar testing, CPAP machines, topical preparations, etc. We have the following PRN medications at camp so you do not need to bring them from home.

Ibuprofen ~ Acetaminophen ~ Maalox/Mylanta liquid ~ Triple antibiotic ointment

All medication **MUST** be delivered to the camp nurses at registration by the care provider or someone who will be able to answer questions about the medications.

All medications **MUST** be in the original container with the pharmacy label securely attached. Unlabeled medications or preparations will not be accepted.

Any corrections to orders (i.e. additional OR discontinued medication) **MUST** have written, signed verification from the MD.

Insurance Cards: It is requested that you send a copy of insurance, Medicare, and/or Medicaid cards in case this camper must be taken for medical evaluation while at camp.

Agency Information:

Agency Name _____ Phone _____
Agency Nurse _____ Cell _____
Camper Name: _____ DOB: _____

In the event of an emergency illness/injury: Please list who will need to be contacted for medical consent. Remember to attach copies of insurance cards.

1st contact: Name _____ Phone _____
Relationship _____ Cell _____
2nd contact: Name _____ Phone _____
Relationship _____ Cell _____

(Over →)

Camper Name: _____ DOB: _____

Immunizations & Tests:

Date of last tetanus vaccine _____ Date and result of PPD _____

Does this camper have:	✓ YES	✓ NO	If yes, give specifics
Allergies			
Diabetes			
Cardiac condition			
History of seizures			
Asthma/other respiratory			
CPAP machine			
Corrective lenses			
Hearing device			
Dental appliance			
Corrective footwear			
Corrective Prosthesis			
Special adaptive device			
Speech difficulty			
Medical restrictions			
Dietary needs			
Other			
Other			

Other information that could help the nursing staff
in understanding the needs of this camper while at camp:

Delta Lake Bible Conference Center
6420 Pillmore Drive
Rome, NY 13440
 Office: 315-336-7210 Fax: 315-338-0909
 Haven Camp Nurse: 315-339-7287 (seasonal number only)

(Over →)

Medication Orders / Information for Haven Campers

****Must be COMPLETED and RETURNED at least 2 weeks prior to the start of the camp session****

Camper Name: _____ DOB: _____

Copies of current prescriptions or an MD signed medication list will be accepted when attached to this **COMPLETED FORM** – the times are important.

	Medication	Dosage	Route	Frequency	Check time to be given during camp day				
					8A	12N	4P	HS	P R N
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
PRN	ibuprofen prn pain/fever	200 mg	PO	Q4H PRN					X
	Acetaminophen 325 mg prn pain/fever	325 mg	PO	Q4H PRN					X
OTC	Maalox/Mytanta Liquid gastric upset	30 cc	PO	Q4H PRN					X
	Triple Antibiotic for minor abrasion/wounds		topical	daily					X

Physician's Signature _____ Date _____

Print Physician's Name _____ Telephone # _____

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