

CRAN-HILL RANCH

FRIENDSHIP CAMP INFORMATION

1. Registration: 10:00 Monday morning - do not arrive early.

- ~ Please label **all** items (luggage, cots, sleeping bags, clothes, pillows, shoes, etc.)
- ~ **Put the camper's name on ALL his/her belongings and pack as few bags as possible (one large suitcase is better than several small bags).**
- ~ Registration will involve checking in the camper, turning in medications, and taking the camper to the camp site.

2. Closing ceremonies: 4:30 - 5:00 Friday evening

- ~ Closing ceremonies will take place at the Barn Store.
- ~ If someone other than the camper's parent/guardian will be picking them up or you need them to be dismissed early, a release form **must** be presented at registration. (See enclosed form.)
- ~ Remember to pick up all luggage & medications (don't forget the dirty laundry bag!)

3. Communication with Campers

- MAIL: ~ Please allow 3-4 days for mail delivery.
- ~ Please address envelopes to your camper this way:
Mike Smith (Friendship Camp)
c/o Cran-Hill Ranch
14444 17 Mile Road
Rodney, MI 49342

- ~ During registration we will have mailboxes available for each day of the week. Camper mail may be dropped off then, saving postage.
- ~ The last mail delivery for the week will be Thursday evening.

- E-MAIL: ~ A one-way e-mail system is in place. Campers cannot respond to e-mail but may receive it while at camp.
- ~ E-mail will be delivered with the regular mail at dinnertime.
 - ~ To send email, go to www.cranhillranch.com and click on '**Camper Mail**'
 - ~ The last mail delivery for the week will be Thursday evening.

- PHONE: ~ We do not allow phone calls while at camp. If you do need to contact a camper for emergencies, please call the Main Office. Campers may only call home if there is an emergency and only under the supervision of Ranch staff.

4. MEDICATIONS

- ~ Camper medications **must** be turned in to the Health Officer upon arrival. All medications (prescription and non-prescription) **must be in their original containers** or we will not be able to accept or dispense them to the camper.

5. HEALTH RECORD

- ~ Complete and return the Health Record form immediately. We must receive this before camp.
- ~ Please notify the Camp Nurse at the time of registration if there have been any changes in health conditions or medications.

CRAN-HILL RANCH FRIENDSHIP CAMP PACKING LIST

(Please label all camper's belongings with his/her name.)

- soap
- shampoo
- comb or brush
- sanitary supplies
- flashlight
- dirty clothes bag (garbage bag works great!)
 - Clothing
 - ~ casual clothing (shorts, tee shirts, jeans, etc.)
 - ~ enough clean clothes & underwear for five days allowing for changes in weather
 - ~ at least one pair of jeans or long pants for horseback riding
 - ~ warm jacket
 - ~ sweatshirt
 - ~ **rain gear** (cheap vinyl poncho is fine)
 - ~ swimsuit (one piece for females)
- Necessary medications
- Sleeping gear
 - NEW!!** All Campers sleep in Bunk Beds. Please bring:
 - ~ Sleeping bag, blanket roll or other bedding and pillow.
- NO** radios, cell phones, tape or CD players, Game Boy's, etc.
- NO** tobacco products, etc.
- Money:** Camper's money is kept for them. ALL money must be turned in at Registration.
 - ~ Each camper may buy one item in the store each day (i.e. pop, candy, ice cream.)
 - ~ We encourage each camper to bring \$10.00 or less.
 - ~ We do not allow campers to buy shirts or gifts by themselves. That may be done on Monday morning or Friday night with their parent or guardian.
- Due to storage limitations, Lost and Found items will be kept for two weeks ONLY. Please call the Ranch immediately if you leave something behind.

Note: Because our desire is to provide a safe environment for every camper who visits the Ranch, we reserve the right to search the luggage and/or belongings of individual campers.

CRAN-HILL RANCH FRIENDSHIP CAMP HEALTH RECORD

** This Form MUST be completed in full and returned to camp by June 10th **

CAMPER INFORMATION

Camper's Last Name _____

Sex (M/F) ___ Age ___

Camper's First Name _____

Birth date ___/___/___

Address _____

Contact: _____

City _____ ST _____ Zip _____

Phone (Day Time): (_____) _____ - _____

Please check all applicable:

- Overall Good Health
- Chronic/Recurring Illness (List): _____
- Contagious Diseases (List): _____
- Convulsive Disorders (List): _____
- Recent Illness/Injury (List): _____

Immunization Dates:

*Tetanus/Booster _____ Polio _____ Measles _____ Mumps _____

**(If it has been more than 10/ten years since the last tetanus shot, please have this updated and notify us of the date.)*

SPECIAL CONDITIONS TO BE WATCHED: *Such as Allergy (reactions to penicillin or other drugs), Physical limitations, Special behavioral considerations, etc.:* _____

HEALTH INSURANCE COMPANY: _____ Phone # (_____) _____

Policy Number _____ **If possible, please send a photocopy of your insurance card.*

Address _____ City _____ State _____ Zip _____

If Covered through Employer: Employer's Name _____

Address _____ City _____ State _____ Zip _____

PHYSICIANS NAME: _____ Phone # (_____) _____

MEDICATIONS: All Medications (prescription and nonprescription) brought by campers must be in original containers and turned into the Health Officer upon arrival. Attach Additional Sheet if more space is needed.

Name of Medication	Dosage	Administered When?
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed <input type="checkbox"/> Other:
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed <input type="checkbox"/> Other:
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed <input type="checkbox"/> Other:
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed <input type="checkbox"/> Other:
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed <input type="checkbox"/> Other:

Non-Prescription Medications: The following are medications that are stocked in our infirmary. Do not send these to camp.

Check all Non-prescription medications we are permitted to administer:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Cough suppressant | <input type="checkbox"/> Dephenhydromine HCL (Benadryl) | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Antacid | <input type="checkbox"/> Epinepherin (Epi-pen) | <input type="checkbox"/> Loperamide (Imodium) |
| <input type="checkbox"/> Antibiotic Ointment | <input type="checkbox"/> Hydrocortisone Cream | <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Topical Analgesic |

AUTHORIZATION

I hereby certify that the above information is correct. I give permission for the release of medical records in case of illness. The person herein described has permission to engage in all prescribed camp activities, except as noted by me. I authorize Cran-Hill Ranch Health Officer to render necessary routine First-Aid and Nursing Care as required. In the event I cannot be reached, I hereby give permission to the Cran-Hill Ranch Camp Physician to obtain proper medical diagnosis, hospitalization, and to order injection, anesthesia or surgery for the camper as named above. I authorize the use of photographs including the above camper to be used in camp publicity.

Signed _____ Relationship to Camper _____ Date _____

Emergency Contact Name _____ Emergency Phone _____

RETURN TO: CRAN-HILL RANCH, 14444 17 MILE RD., RODNEY MI 49342

Cran-Hill Ranch

Release Policy & Authorization Form

If someone other than the camper's parent/guardian will be picking the child up, a release form **MUST** be presented at registration indicating who the camper is to be released to.

No child will be dismissed early from camp without turning in an early release form at the time of registration.

Please complete the form below and turn it in at the time of registration if either or both of the above situations apply to your camper.

RELEASE FORM

Camper's Full Name: _____

Dates of Camp Attendance: _____

RELEASE TO SOMEONE OTHER THAN PARENT/GUARDIAN:

Person picking up camper _____

LEAVING CAMP BEFORE THE SCHEDULED END OF THE SESSION:

Pick-Up Time _____ Date _____ Day _____

(if applicable) Return Time _____

Reason for leaving _____

As the Parent/Guardian for the above named camper, I give permission for him/her to be:

picked up by the above named person

picked up early from Cran-Hill Ranch

Print name

Sign name

Date