

## MICHINDOH'S OUTDOOR EDUCATION CODE OF CONDUCT:

We are hopeful that your child's week of Outdoor Education at Camp Michindoh will be the best possible experience. The biggest key to a successful week is the ability of each student to follow the basic guidelines listed below. During one of our class meetings, we will be discussing these positive behaviors; we ask that you do likewise and help reinforce these points with your child at home.

1. Use appropriate language and clean humor; avoid personal put-downs and anger.
2. Respect your cabin leader and the rules established within your cabin group.
3. Have a positive attitude and enthusiasm; work to be responsible in helping to build a good cabin spirit.
4. Cooperate with your cabin partners. Each of you has much invested and deserves to have a successful experience.
5. Be polite enough to let the staff teach so that you and others can learn.
6. **Use self-discipline to avoid being disciplined by an adult.**
7. Be mannerly at meals. "Please" and "thank you" are the key words here.
8. Use common sense in cold weather. (Dress properly, avoid wet hair, and rolling in snow, etc.)
9. Respect others as well as personal and camp property. Avoid letting your excitement get out of hand as this may lead to damage of camp property or personal injury.
10. Follow the Camp Michindoh rules that you will be given soon after our arrival.

Students who are unable to follow these guidelines will be subject to consequences ranging from the loss of one or more privileges to parental contact and possible withdrawal from the program. **BE ADVISED OF THIS CAMP MICHINDOH POLICY: If misbehavior results in a decision to send a student home, that child will be billed for the entire week of camp.** If a student is sent home due to illness or an injury, the charge for that student will be prorated for his/her length of stay at camp.

I have read the Camp Michindoh code of conduct/behavior guidelines and discussed them with my child, \_\_\_\_\_.

(Student's Name)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I understand these basic behavior rules and will do my best to follow them to make my week at Camp Michindoh a great experience, not only for myself, but for others also.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

SCHOOL NAME: Eisenhower Intermediate School

Dates Attending: \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION AND INFORMATION**

Students Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F Home Phone: \_\_\_\_\_

Parent or Legal Guardian(s): Name(s) \_\_\_\_\_

Work Phone # (Dad): \_\_\_\_\_ Work Phone # (Mom): \_\_\_\_\_

Cell Phone # (Dad): \_\_\_\_\_ Cell Phone # (Mom): \_\_\_\_\_

Emergency Contact (If Parent or Guardian cannot be reached):

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

(Please know that leaving off the Policy Number may delay treatment for your child.)

**Michindoh maintains a supply of commonly used over-the-counter medications for first aid treatment. Please do not send bottles of Tylenol, Advil, Cough drops, Band-Aids, etc. We highly recommend sending specific over-the-counter medications if your child can only have a specific brand due to allergies or medications that your child takes regularly such as vitamins.**

Due to Federal & State Law ALL medications must be in their original packages, and be in the name of the student taking the medication. i.e. prescriptions in the prescription bottle, Tylenol in the Tylenol bottle, herbs in the bottle that they were bought in. All prescription medication must have the prescription label. If you have an inhaler, the box must come with it. *We CAN NOT give the prescription medication without the label.* If the dose or times have changed from the label on the bottle, we must have a note with the changes on it and the doctor's signature.

**ALL MEDICINE MUST BE IN THEIR ORIGINAL CONTAINERS.**

Please list any medications that your child will be taking while at camp:

Name of Med	Dose	Reason for Med	When taken
example: Accolate	1 pill 2X a day	Asthma	Breakfast, Dinner
_____	_____	_____	_____
_____	_____	_____	_____

**If you need more room for the medications or health history, please use the backside. Thanks!**

**Health History (please check if applicable)**

- \_\_\_\_\_ Convulsions/Seizures
- \_\_\_\_\_ Frequent ear infections
- \_\_\_\_\_ Heart trouble
- \_\_\_\_\_ Headaches-mild
- \_\_\_\_\_ Bedwetting
- \_\_\_\_\_ Behavioral disorders
- \_\_\_\_\_ Bleeding/Clotting disorders
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Wheezing
- \_\_\_\_\_ Migraines
- \_\_\_\_\_ Sleepwalking
- \_\_\_\_\_ Emotional disorders

**Allergies:**

- \_\_\_\_\_ Bee Stings-treated with \_\_\_\_\_
- \_\_\_\_\_ Poison Ivy (severe reaction)
- \_\_\_\_\_ Seasonal/Hay fever
- \_\_\_\_\_ Environmental
- \_\_\_\_\_ Animal (please list) \_\_\_\_\_
- \_\_\_\_\_ Food (please list) \_\_\_\_\_

Other potential health problems or restricted activities: \_\_\_\_\_

Medication Allergies (please list)

Please list any other potential health problems: \_\_\_\_\_

**Immunization History:**

Immunizations up to date according to your state requirements: \_\_\_\_\_ YES \_\_\_\_\_ NO

Date of last Tetanus Booster: \_\_\_\_\_

**REQUIRED FOR EACH YOUTH CAMPER: I HEREBY GIVE PERMISSION TO MICHINDOH, LICENSED BY THE STATE OF MICHIGAN FAMILY INDEPENDENCE AGENCY, TO SECURE EMERGENCY MEDICAL AND SURGICAL TREATMENT. ALSO TO PROVIDE ROUTINE, NON-SURGICAL MEDICAL CARE FOR THE MINOR CHILD NAMED ABOVE WHILE ATTENDING CAMP. I RELEASE ALL PHOTOS, VIDEO AND AUDIO TAPES OF MY CHILD TO MICHINDOH FOR PROMOTIONAL PURPOSES SUCH AS BROCHURES, VIDEO, WEB PAGES, ETC. I certify that this information is true to the best of my knowledge.**

Parent or legal guardian signature

Date