



## Procter Summer Camp Grade Level Camp Forms Packet

This download includes the following forms:

1. Camp Community Covenant
2. Procter Center Consent, Hold Harmless and Release Agreement
3. Camper Health History (complete one for each camper younger than 18). The fourth page of this form must be reviewed and signed by the camper's healthcare provider
4. Camp Packing List

Once completed, mail forms to:

Procter Summer Camp  
Attn: Robin Kimbler  
11235 St. Rte. 38 SE  
London, Ohio  
43140

Or scan and email to: [camp@proctercenter.org](mailto:camp@proctercenter.org)

Camp forms and final payment are due June 1, 2017

Ample camp scholarship is available to make a camp experience available to all campers and families. For scholarship information visit:  
<http://dsoyouth.org/procter-summer-camp/forms/>

For registration questions contact:  
Robin Kimbler  
Guest Services Manager  
[rkimbler@proctercenter.org](mailto:rkimbler@proctercenter.org)  
740-206-2036

For all other camp questions contact:  
Andrea Foote  
Interim Camp Director  
[afoote@proctercenter.org](mailto:afoote@proctercenter.org)  
(513) 632-6049



Camper Full Name: \_\_\_\_\_

Camp session(s) attending: \_\_\_\_\_  
*Please submit one form for each camper*

## Procter Summer Camp Community Covenant

Camp is a community governed by respect of the **people, program and place**.

I agree to respect the **people** at camp by:

- Respecting the dignity of every person at camp, that we might be leaders in showing Christ's love to each other.
- Refraining from fighting, aggression, dangerous physical or violent behavior that may endanger me, and/or others
- Refraining from lewd, crude, or socially unacceptable behavior (verbal/physical)

I agree to respect the **program** at camp by:

- Participating in the camp program and schedule, to the best of my ability
- Engaging with fellow campers and being an active part of the community.
- Being welcoming to campers and counselors from all backgrounds and faith traditions.
- Understanding it is my counselors' job to to keep me safe, and following their direction.

Procter is holy ground. I will respect the **place** of Procter Camp and Conference Center by:

- Remaining in my assigned sleeping area or cabin after lights out/quiet time
- Adhering to boundaries communicated by the staff, not entering "off limits areas"
- Understanding that smoking is not permitted at any diocesan sponsored youth program.
- Refraining from consuming, bringing or carrying any alcohol, non-prescription drugs, firearms, knives, fireworks or weapons at any time during camp and on camp property.

**Should it become necessary to send my child home for breaking of any of these community standards, I/we agree to come pick her/him up - day or night - upon notification from the Camp Director.** We understand and accept the **non-negotiable** community regulations

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please sign the Procter Center consent, hold harmless and release agreement on the next page*

**Procter Center Consent, Hold Harmless and Release Agreement**

**Consent:**

If I am over 18 years old I hereby give consent, or if not my parent or guardian on my behalf hereby also gives consent for me, to participate in activities at Procter Center with acknowledgement that there are risks associated with physical and other activity at Procter Center in which I may engage. My parent or guardian (if applicable and on behalf of me throughout this agreement) and I are not aware of any physical or mental condition that would prevent me from engaging in any activities. If there are such limitations, I will disclose them to Procter Center in advance of taking part in specific activities that would be inappropriate for me and will abstain from participating in activities that impose unreasonable risk to me. I will disclose in advance to Procter Center all allergies that may affect my ability to participate in events at Procter Center and any medications that I will need in that respect while at Procter Center, which are my obligation to have with me if this is the case. My parent or guardian if applicable and I understand and recognize that there is always an inherent risk of bodily injury and harm associated with physical activity including but not limited to field games, recreation, aquatic activities, and games/sports. I have voluntarily chosen to participate in events at Procter Center and understand the risk involved. I agree to accept any and all risk associated with these events.

**Release and Hold Harmless:**

In consideration of attending events at Procter Center and to the fullest extent permitted by law, my parent or guardian if applicable and I (a) understand that no warranties or representations of any kind have been made by Procter Center, its employees, agents, officers, directors, affiliates, successors or assigns regarding any activities or events; (b) hereby release, waive, discharge, hold harmless, indemnify and agree not to sue Procter Center, its employees, agents, officers, directors, affiliates (including but not limited to The Diocese of Southern Ohio and The Church Foundation of the Diocese of Southern Ohio), successors or assigns (altogether "Procter Center Persons"), from any and all claims or demands, obligations and/or causes of action of any nature whatsoever that my child (if applicable) or I may have against Procter Center Persons on account of any personal injury, property damage, death or accident of any kind, arising out of or in any way connected with being on the premises of Procter Center and participating in activities and events there; (c) give permission in the event of injury at the Procter Center to call in its discretion the police, fire/rescue or emergency medical services and to transport me to any hospital, clinic or medical center and to have any such personnel authorize medical treatment for me and accept personal financial responsibility for such emergency care and treatment; (d) assume the risk of illness, sprains, torn muscles and ligaments, fractured or broken bones, eye damage, cuts, wounds, scrapes, abrasion, contusions, dehydration, oxygen shortage, exposure other physical injuries, insect or other animal bites or stings, allergic reaction, shock, paralysis, death or damage to or loss of personal property; and (e) make these commitments binding on my representatives, successors, heirs and assigns.

In case of medical emergency, I understand every effort will be made to contact a parent or legal guardian. In the event one cannot be contacted, I hereby give my permission to the dentist or physician designated by the staff to hospitalize, secure appropriate treatment and/or order and injection, anesthesia, or surgery necessary for this camper. I hereby give permission to the representatives of Procter Camp and Conference Center to transport my child in private automobiles and/or vans. I realize that paid diocesan staff as well as volunteers may operate private vehicles. I hereby release and waive any claim I may have for injuries to said minor child including claims for medical treatment expenses for said minor child against any such person and the Diocese for their failure to exercise due care in transportation to and from and participation in any special trips. I do not waive or release claims that may arise from intentional, wanton, or willful misconduct by such staff or volunteers.

**I have read and understand this Consent and Agreement. If applicable and signed by a parent or guardian, the undersigned warrants and represents that the undersigned is authorized to sign on behalf of the participant named below and that I have informed my child of the terms of this Consent and Agreement.**

---

Name of Participant and Parent or Guardian if Under 18 (PLEASE PRINT)

---

Signature of Participant and Parent or Guardian if Under 18

---

Contact Phone

---

Date

**Please list below the names of adults allowed to pick up this participant from camp.**

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

american **CAMP** association®

Mail this form to the address below by 6/1/17 (date)

Procter Camp and Conference Center  
attn: Robin Kimbler  
11235 Ste. Rte 38  
London, OH  
43140

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Camper Name: \_\_\_\_\_  
First Middle Last

Male  Female Birth Date \_\_\_\_\_ Age on arrival at camp: \_\_\_\_\_  
Month/Day/Year

**To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.**

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:  
Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:  
Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) can not be reached:  
Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**Allergies:**  No known allergies.  This camper is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other  
*(Please describe below what the camper is allergic to and the reaction seen.)*

**Diet, Nutrition:**  This camper eats a regular diet.  This camper eats a regular vegetarian diet.  This camper is lactose intolerant.  This camper is gluten intolerant.  
 Other, *please explain in space.*

**Restrictions:**  I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.  
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.  
*(Please describe below.)*

**Medical Insurance Information:**

This camper is covered by family medical/hospital insurance  Yes  No

*Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.*

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Subscriber \_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_) \_\_\_\_\_

**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: \_\_\_\_\_

*If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

Camper Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
(For Camp Use) Cabin or Group \_\_\_\_\_  
(For Camp Use) Session Code(s): \_\_\_\_\_

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_  
Month/Day/Year

**Immunization History:** Provide the month and year for each immunization. Starred (★) immunizations must include date to meet ACA Standard. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test	Date: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
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**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: _____		
			<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)                                   | Ibuprofen (Advil, Motrin)                                     |
| Phenylephrine decongestant (Sudafed PE)                   | Pseudoephedrine decongestant (Sudafed)                        |
| Antihistamine/allergy medicine                            | Guaifenesin cough syrup (Robitussin)                          |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM)                  |
| Sore throat spray   | Generic cough drops   |
| Lice shampoo or cream (Nix or Elimite)                    | Antibiotic cream  |
| Calamine lotion   | Aloe  |
| Laxatives for constipation (Ex-Lax)                       | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: \_\_\_\_\_

First

Middle

Last

Birth Date: \_\_\_\_\_  
Month/Day/Year

## General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- |  |  |  |  |
|--|--|--|--|
| 1. Ever been hospitalized? .....                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? .....                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? .....                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? .....           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? .....               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? .....                | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?.....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? .....                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? .....      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?.....         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?.....                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? .....                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?.....                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? .....                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?.....             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? .....                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?.....                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?.....    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

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

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

## Health-Care Providers:

Name of camper's primary doctor(s): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of dentist(s): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of orthodontist(s): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**What Have We Forgotten to Ask?** Please provide in the space below 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. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

Recommendations for Licensed Medical Personnel

FORM 2

Developed and reviewed by: American Camp Association,  
American Academy of Pediatrics Council on School Health, &  
Association of Camp Nurses



Mail this form to the address below by \_\_\_\_\_ (date)

**To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.**

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Camper Name: \_\_\_\_\_  
First Middle Last

Male  Female Birth Date \_\_\_\_\_ Age on arrival at camp \_\_\_\_\_  
Month/Day/Year

Camper home address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Custodial parent(s)/guardian(s) phone: (\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

**Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.**

Camper Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
(For Camp Use) Cabin or Group \_\_\_\_\_  
(For Camp Use) Session Code(s): \_\_\_\_\_

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- |   |                                      |
|---|--------------------------------------|
| Acetaminophen (Tylenol)                           | Calamine lotion                      |
| Ibuprofen (Advil, Motrin)                         | Bismuth subsalicylate (Pepto-Bismol) |
| Phenylephrine (Sudafed PE)                        | Laxatives for constipation (Ex-Lax)  |
| Pseudoephedrine (Sudafed)                         | Hydrocortisone 1% cream              |
| Chlorpheniramine maleate                          | Topical antibiotic cream             |
| Guaifenesin                                       | Calamine lotion                      |
| Dextromethorphan                                  | Aloe                                 |
| Diphenhydramine (Benadryl)                        |                                      |
| Generic cough drops                               |                                      |
| Chloraseptic (Sore throat spray)                  |                                      |
| Lice shampoo or scabies cream<br>(Nix or Elimite) |                                      |

**Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.**

**Physical exam done today:**  Yes  No (If "No," date of last physical: \_\_\_\_\_)  
Month/Day/Year

ACA accreditation standards specify physical exam within the last 12 months.

Weight: \_\_\_\_\_ lbs Height: \_\_\_\_\_ ft \_\_\_\_\_ in Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

**Allergies:**  No Known Allergies

To foods (**list**):

To medications: (**list**):

To the environment (**insect stings, hay fever, etc. – list**):

Other allergies: (**list**):

**Describe previous reactions:**

**Diet, Nutrition:**  Eats a regular diet.  Has a medically prescribed meal plan or dietary restrictions:(describe below)

**The camper is undergoing treatment at this time for the following conditions: (describe below)**  None.

**Medication:**  No daily medications.  Will take the following prescribed medication(s) while at camp: (**name, dose, frequency—describe below**)

**Other treatments/therapies to be continued at camp: (describe below)**  None needed.

**Do you feel that the camper will require limitations or restrictions to activity while at camp?**  No  Yes

*If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)*

**"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"**

Name of licensed provider (please print): \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Office Address \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_



## Procter Summer Camp Packing List

*Please mark all items clearly with the camper's name*

### **Necessary Gear**

Sturdy water bottle  
Sleeping Bag (or sheets and blanket)  
Pillow & pillow case

### Clothing:

Days are hot at Procter, we play outside and get messy in the lake or at the Arts and Crafts cottage. Pack gear you don't mind getting dirty, and bring enough for each day your camper is away. There are no laundry facilities for campers at Procter.

T-shirts, short and long sleeve  
Sweatshirt  
Rain jacket  
Shorts, many campers recommend quick drying athletic shorts  
Pants/jeans  
Underwear  
Clothes to sleep in  
Swimsuit  
Hat for sun protection  
Closed toe shoes, required for some activities  
Socks  
Sandals  
Bag for dirty laundry  
Beach towel, for pool/lake  
Bath towel, for showering  
Sunscreen and mosquito repellent  
Any regularly used toiletries  
Medications in original containers, to be turned over to camp healthcare professional  
Bible  
Reading material for quiet time

### **Optional**

Fitted twin sheet  
Fan (battery powered)  
Journal/Notebook and pen  
Letter writing materials (stationery, envelopes & stamps)  
Camera

### **Do NOT bring the following to camp**

Radios  
Mp3 players of any kind  
Electronics: games, kindles, iPads, TV's, cell phones or computers.  
Camp is a place to unplug and be present with your cabin and counselors. The above electronic items will be collected and kept until the session is complete.

### **Forbidden at Camp:**

**(including at registration and pickup)**

Pets or animals  
Weapons  
Firearms  
Fireworks  
Knives  
Tobacco products  
Alcohol  
Illegal drugs  
Prescription drugs not prescribed to you  
*Bringing any of the above forbidden items will result in removal from camp, and requires the camper to be immediately picked up by their parent/guardian*