

HEALTH HISTORY (continued)

Current medications (**send in labeled container with instructions**) _____

Operations or serious injuries? Yes No _____

Disability or chronic or recurring illness? Yes No _____

Activities encouraged or limited by physician? Yes No _____

Dietary modifications? Yes No _____

Psychiatric counseling or hospitalization? Yes No _____

Other diseases or details of above _____

Date of last physical examination _____

Name of dentist/orthodontist _____ Phone _____

Name of family physician _____ Phone _____

Name of Camper's Health Insurance Provider _____ Phone _____

Name of Policyholder _____ Phone _____

*** Restrictions may apply to camp insurance. Camp insurance does not cover pre-existing conditions.**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp. I hereby give permission for my child to be administered prescription and non-prescription medication as needed unless otherwise noted. I also hereby give permission for pictures to be taken of my child during camp and I understand that they may be used for future promotional purposes. I hereby certify that all information provided herein is true, accurate and complete. If I have failed to provide or have withheld information or have provided inaccurate responses, I understand that the application will be rejected and any deposit will not be returned.

Signature of Parent or Guardian _____

Print Parent or Guardian Name _____ **Date** _____

(Administrative use only) Date given out _____ Date received _____



Send this part of application with your payment

CAMP EARL WALLACE APPLICATION



CAMPING DATES:

CAMP FEE: \$215

(\$200 if you register at fw.ky.gov)

Make check or money order (no cash) payable to:
Ky. Dept. of Fish & Wildlife Resources

MAIL COMPLETED APPLICATION AND CAMP FEE TO:

Kentucky Fish and Wildlife Conservation Camps are COEDUCATIONAL and run one week long. Boys and girls attend camp during the same week. In the past certain counties or schools have been changed to different weeks to accommodate as many campers as possible. If this occurs, you will be notified of the change as soon as possible. If a conflict arises because of this change, you will have an opportunity to request a full refund.

If you have questions regarding your child's camp date, pick-up date, what to bring, etc., call 1-800-858-1549.

CAMP HISTORY

The Kentucky Department of Fish and Wildlife Resources has been involved in conservation education youth camping since 1946. Camp Earl Wallace, located on Lake Cumberland outside of Monticello, Kentucky opened in 1951. An average of 2,000 Kentucky students attend each year.

ACTIVITIES

Campers arrive at camp Monday morning and return home Friday afternoon. After being assigned to cabins furnished with double-deck bunks, campers begin hands-on, basic instruction in the safe pursuit of outdoor activities and skills to better enjoy our natural resources. **Scheduled activities include: Nature, Archery, Boating, Outdoor Survival, Firearm Safety, Fishing/Casting and Swimming.** Successful

completion of a camp activity entitles the camper to an achievement patch, certificate or award. Campers may earn Kentucky's **Hunter Education Certificate.** This certificate is honored in all states that require a hunter education card. Campers who have earned their Hunter Education Certificate will be issued a Junior Hunting License **IF** their Social Security number is entered on page 3. Campers will also have time to enjoy their favorite playground activities such as basketball, volleyball, badminton, ping-pong, etc.

CAMP STAFF

The permanent staff consists of camp director, five Conservation Education Program Leaders, camp superintendent and maintenance staff and cooks. Twenty-two Kentucky college students are screened, hired and trained to chaperon the campers and assist with camper safety, instruction and supervision.

FACILITIES

The camp has eight cabins which house 25-30 campers and counselors, bathhouses, kitchen and dining room, camp director's office, sick bay/first aid station, snack shop, shelters, playground, basketball, volleyball and badminton courts, outdoor assembly area, electric drinking fountains, nature museum, nature field trail, rifle range, trap range, hunter safety field course, archery range, archery field course, lake swim crib, boat dock, storage and maintenance buildings.

GET **\$15 OFF** WHEN YOU REGISTER FOR CAMP ONLINE: fw.ky.gov



GENERAL INFORMATION

REFUND POLICY

Partial refunds up to \$100 are given for medical reasons only. Camper illness must be verified by a statement from the child's physician. All refund requests must be in writing, include appropriate medical documentation, and should be directed to John Coffey, P.O. Box 609, Richmond, KY 40476.

ELIGIBILITY

Camp is open to Kentucky students in grades 4, 5 and 6. Applications are distributed by Conservation Education Program Leaders in February and March. Priority is given to students who attend conservation education classes. Campers should register for the camp week assigned to the county in which they attend school. Registering your child for any other camp week may forfeit your child's spot at camp, and your registration will not be refunded.

APPLICATION DEADLINE

Applications are accepted on a first-come, first-served basis. **No applications will be accepted after April 15** unless otherwise instructed by your Conservation Education Program Leader. If your camp week is full, you may contact your Conservation Education Program Leader after April 15 to inquire about openings for other camp weeks.

NOTE: Because of state policy related to money management, employees are required to deposit all monies as soon as possible after receipt. Therefore, a cancelled check is not an indication that your child has been accepted to camp. Except for the reasons set forth in this application, if a child's application is not accepted, refunds will be issued.

WHAT TO BRING

Toothbrush, toothpaste, soap, towels, wash cloth, several changes of clothing, socks, swim suits, 2 sheets, 2 blankets (or sleeping bag), pillow, sunscreen, \$10-15 in spending money and **prescription or over-the-counter medication in its original container with physician name and telephone number on label**. Do not bring cell phone or pager. **ONE SUITCASE OR DUFFLE BAG ONLY! (SLEEPING BAG DOES NOT NEED TO FIT IN SUITCASE.) PUT YOUR NAME ON EVERYTHING!**

TRANSPORTATION

Transportation to and from camp is arranged by KDFWR personnel. You'll receive transportation arrangements in the mail between May 1-15.

CAMP ADDRESS

Camp Earl Wallace, 103 Earl Wallace Road, Monticello, KY 42633

CAMP TELEPHONE

(606) 348-9038 (June-August). Please do not instruct your child to call you from camp. **The phone is restricted to business and emergency calls only.**

IMPORTANT

In order for the camp to operate safely and efficiently, we insist that each camper cooperate with reasonable and necessary rules and directives. **NO CAMPER will be permitted to leave camp to participate in another activity and then return to camp.** Insurance regulations will not permit this. If there is someone you absolutely **do not** want your child to see or to pick up your child, please list on a separate sheet.

Campers may be picked up at camp only by parent/guardian or another pre-approved person with proper identification.

The Department of Fish and Wildlife Resources receives Federal Aid in Fish and Wildlife Restoration. Under Title VI of the 1964 Civil Rights Act and Section 504 of the Rehabilitation Act of 1973, the U.S. Department of the Interior prohibits discrimination on the basis of race, color, national origin, or handicap. If you believe that you have been discriminated against in any program, activity, or facility as described above, or if you desire further information, please write to: The Office of Equal Opportunity, U.S. Department of the Interior, Washington, D.C. 20240.

CAMP APPLICATION AND REGISTRATION FORM

This must be completed and signed by parent/guardian. Please type or print.

County _____

Girl Boy Check here if camper has previously attended Camp Wallace

Camper's Name _____ Birthdate _____
Last First Middle Initial

Camper's Social Security Number _____

School _____ Grade _____
(as of April 1)

Parent's Name (Guardian or Spouse) _____

Mailing Address _____
Street & Number City State Zip Code

Home # _____ Work # _____ Cell # _____

Emergency Contact Other Than Parent _____
Name Relationship Phone Number

HEALTH HISTORY MUST BE COMPLETED FOR ATTENDANCE

(No information provided herein shall be released, as it is exempt under the provision of the Open Records Act. See KRS 61.878.)

Date of Last Tetanus Vaccine _____

Give approximate dates (except for allergies) of all that apply.

Diseases

_____ Frequent Ear Infections _____ Chicken Pox
_____ Heart Defect/Disease _____ Measles
_____ Convulsions _____ German Measles
_____ Diabetes _____ Mumps
_____ Bleeding/Clotting Disorders
_____ Hypertension Other (specify) _____
_____ Mononucleosis _____
_____ Psychiatric Treatment _____

Allergies

Hay Fever
 Ivy Poisoning, etc.
 Insect Stings
 Penicillin
 Other Drugs
 Asthma
 Other (specify) _____

Send this part of application with your payment