

Directions to Camp Pandalouan

(Caution: internet directions may be incorrect.)

From the North

Take U.S. 31 SOUTH to the COLBY ROAD Exit.

Take a left onto Colby Road. Go exactly ½ mile to SILVER CREEK ROAD.

Take a left onto Silver Creek Road. Go 5.1 miles. Silver Creek Road will end at RUSSELL ROAD.

Take a left onto Russell Road. Go 2.4 miles. Russell Road will end at FRUITVALE ROAD.

Take a right on Fruitvale Road. Go 6/10 mile, Camp Pandalouan is on the RIGHT.

OR

37 SOUTH to 20 WEST (approximately 91 miles from Traverse City).

Take a right onto 20 West. Go approximately 13 miles to Hesperia.

In Hesperia, take a left onto M120 WEST.

Follow M120 for several miles to SKEELS ROAD (look for a flashing light).

Take a right onto Skeels Road.

Go 8 miles to FRUITVALE ROAD.

Take a right onto Fruitvale Road.

Go 1.5 miles, Camp Pandalouan is on the LEFT.

From the South

Take U.S. 31 NORTH to the RUSSELL ROAD Exit (approx. 6.5 miles past Apple Ave.)

Turn right onto Russell Road.

Follow Russell Road until it ends (about 10 miles) at FRUITVALE ROAD.

TIP: Near the end of Russell Rd, it begins to twist and turn. At one point, past Owaspippe Scout Reservation, the road splits. Be sure to stay to the left.

Turn RIGHT onto Fruitvale Road.

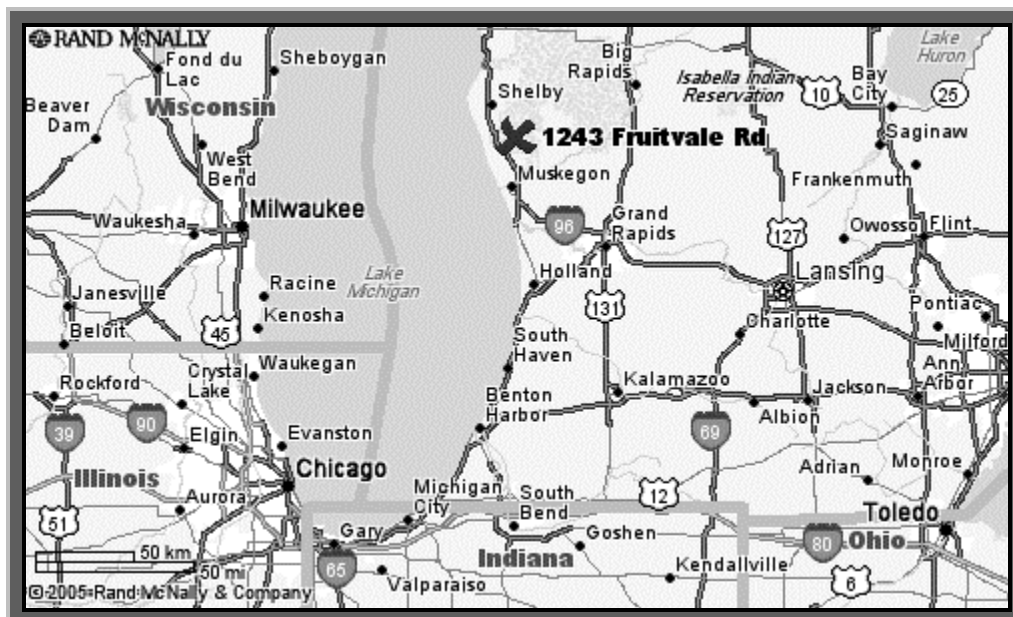
Go approximately ½ mile, Camp Pandalouan is on the RIGHT.

From the East

Take 696 WEST to 96 WEST past Grand Rapids to U.S. 31 NORTH. See "From the South" directions above.

From Chicago

Take 94 East through Indiana, and to Michigan. Near Benton Harbor, take I96/31 North towards Holland. Continue on U.S.31 North through Holland, Grand Haven, and Muskegon. See "From the South" directions above.



YMCA Camp Pendalouan's Camper Confidential Sheet

Camper's Name _____ Session # _____

Please circle all that apply.

1. Will your child have a birthday at camp? Y N
2. What grade will your child be in next September? _____
3. Is your child on any medications? Y N
4. Does your child wet the bed? Y N Sometimes
5. Does your child tend to get homesick away from home and family? Y N
6. Is your child a leader? Y N
7. Does your child have a marked fear of: (circle all that apply)
the dark? water? animals? thunderstorms? being alone? others?
8. How does your child feel about coming to camp? (circle all that apply)
excited nervous apprehensive defiant
9. Attitude towards authority? _____
10. What are your child's interests or hobbies? _____

11. Is there a specific activity at camp that your child is looking forward to doing this summer?

12. Does your child have any dietary concerns/food allergies of which we should be aware?

13. Who does your child live with?
 Mother & Father Mother Father Other (specify) _____
14. Does the child have any brothers or sisters living in the same household?
 Yes No How Many _____
15. Is there anything else you think we should know about your child? _____

Parent Signature _____ Date _____

Health History Form
YMCA Camp Pendalouan

Camper Name _____ Session _____

Birthdate _____ Age at Camp _____ Gender Male Female

Custodial Parent/Guardian _____ Phone _____

Home Address _____
Street Address _____ City _____ State _____ Zip _____

Work Phone _____ Cell Phone or Pager _____

If not available in an emergency, notify _____ Relationship _____

Home Phone _____ Work, Cell, or Pager _____

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

Insurance Information

Is the camper covered by family medical/hospital insurance? Yes No

If yes, indicate carrier or plan name _____ Group # _____

Carrier Address _____

Name of Insured _____ Relationship to Camper _____

Social Security Number of policy holder or Insurance ID Number _____

Medication Information

Please list all over-the-counter, nonprescription and prescription drugs taken regularly by the camper. In the original container, pack enough medication to last the entire stay at camp. Make sure that all prescription drugs are in the original container that includes the physician name, medication name and dosage/administration instructions. Put all medications into a Ziploc bag labeled with camper's name and take it to the check-in point.

The camper takes medications on a regular basis: Yes No

This camper takes the following medications:

Med #1 _____ Reason for taking _____

Dosage/Administration Instructions _____

Med #2 _____ Reason for taking _____

Dosage/Administration Instructions _____

Med #3 _____ Reason for taking _____

Dosage/Administration Instructions _____

Has the camper had any recent illness, injury or infectious disease? Yes No

If yes, please explain _____

Allergies

List all known: (describe reaction and management of the reaction)

Medication allergies (list) (Attach an additional sheet if necessary.)

Food allergies (list) (Attach an additional sheet if necessary.)

Other allergies (list) (Attach an additional sheet if necessary.)

OVER =>

Health History

Are immunizations up to date? Yes No

If no, please explain _____

General Questions (Explain "yes" answers below.)

Has/does the participant: (circle any that apply)

- | | |
|---|---|
| 1. have frequent headaches or migraines? | 8. have a history of bed-wetting? |
| 2. wear glasses, contacts or protective eye wear? | 9. ever had an eating disorder? |
| 3. ever had frequent ear infections? | 10. have problems with sleepwalking? |
| 4. ever had seizures? | 11. have frequent nosebleeds? |
| 5. have diabetes? | 12. have braces? |
| 6. have asthma? | 13. have problems with dizziness? |
| 7. ever been diagnosed with a learning or behavioral disorder? (e.g. ADD, ADHD) | 14. have chronic heart or lung condition? |

Please explain any "yes" answers, noting the number of the question.

Restrictions

The following restrictions apply to this individual.

Dietary

- | | | |
|--|---|--|
| <input type="checkbox"/> does not eat red meat | <input type="checkbox"/> does not eat pork | <input type="checkbox"/> does not eat eggs |
| <input type="checkbox"/> does not eat poultry | <input type="checkbox"/> does not eat seafood | <input type="checkbox"/> does not eat dairy products |
| <input type="checkbox"/> other | | |

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

Use this space to provide any additional information about the participant's behavior, physical, emotional, or mental health that the camp should be aware. (Attach an additional sheet if necessary.)

List the names and phone numbers to whom the camper may be released: (other than the parents/guardians listed on the application)

Name: _____ Phone: _____
Name: _____ Phone: _____

I hereby certify that the above-named camper is in good physical health and subject to the camp rules and regulations.

Parent/Guardian grants full permission to YMCA Camp Pandalouan to use any photograph, video tape, film, or motion picture of camper and/or family in promotional materials.

I understand that there are certain risks involved in camping activities. By signing below, I agree to defend, indemnify and hold harmless YMCA Camp Pandalouan / the Muskegon Family YMCA, its officers, employees, and representatives from and against any and all liability, loss, damage, injury, or death arising from acts connected with any camp activities, use of facilities and equipment, or interaction with any campers or staff. YMCA Camp Pandalouan reserves the right to cancel any program scheduled or currently in progress at camp.

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for me/or 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 the person named above. The completed form may be photocopied for trips out of camp.

Signature of parent or guardian if under age 18 _____

Date _____