

SCC Junior Camp Supply Check List:

- Sleeping Bag
- Pillow
- Towels
- Washcloth
- Body wash
- Toothbrush
- Toothpaste
- Shampoo
- Hairbrush / comb
- Hairspray / Gel
- Flashlight
- Jacket / Sweater
- Casual, church & play clothes
- Underwear
- Socks
- Shoes
- Dirty laundry bag
- Swimsuit / Shorts
- Sunscreen
- Mosquito Repellent
- Squirt Guns (NO water balloons)
- Bible
- Snack Bar Money
- Camp Picture Money \$12.00
- FILLED OUT & SIGNED
HEALTH SCREENING FORM
- Medications (If Needed)

SCC Junior Camp

Rules Agreement

Cost: \$220.00 (plus \$25 for t-shirt and \$12 for camp picture IF ordered)

1. Rules for acceptance and participation in the camp are the same without regard to race, color, national origin, sex, or handicap.
2. A Camp Nurse will be onsite to administer daily medications & minor injuries.
3. Campers will be placed in cabins by age.
4. Each camper is provided with a bunk and mattress, but must provide their own bedding. (be prepared for cold weather)
5. So-Cal Junior camp is not responsible for lost articles. A lost and found will be established for the duration of the camp.
6. No knives or shaving cream is permitted at camp.
7. **Boys: Dress modestly at all times. Shorts or cut-offs can only be worn when swimming. Clean casual clothes are to be worn during the evening service.**
8. **Girls: Dress modestly at all times. Clean casual clothes are to be worn during the evening service. No shorts, pants, or mini- skirts allowed. Swim wear will only be worn when swimming. Skirts must be below the knee when standing or sitting including slits.**
9. No cell phones, walkie-talkies or electronic games/devices will be allowed.
10. No jewelry of any kind is allowed.
11. Each camper is expected to share in the work load of camp in regards to cleaning the cabin and camp grounds.
12. Foul language, disrespect, continual misbehavior and leaving camp area are grounds for dismissal. Parents are responsible for picking up campers if dismissal is required.
13. Parent or responsible person must pick up campers on Friday July 3rd by 10:00am. Your promptness is expected and appreciated.
14. A snack bar will be open daily. Please provide extra money for your camper.
15. Any child allergic to bees must bring their own anti-venom kit. None are available from the nurse. Any child that has head lice will not be admitted. Any child found with head lice during camp must be picked up by parent or guardian immediately.
16. Please make sure camper has allergy or prescription medications they routinely use.
17. Please keep home any child whom has a fever within three days of camp.

HEALTH SCREENING FORM

Camper Staff

Last Name First Name Middle Initial

Camp Name

Arrival Date Departure Date

Health screening of campers and staff is critical to prevent an illness outbreak from starting. Per Title 17, Section 30750 of the California Code of Regulations, screening shall be conducted by a qualified staff member for all campers under the age of 18 who are unaccompanied by a parent or guardian within 24 hours of arrival at camp. It is recommended, pre-screening of campers and staff be done prior to arriving at camp to prevent the spread of illness. Records of health screenings and procedures must be maintained at the camp.

The screening should include the following inquiries:

No	Yes	Health History
<input type="checkbox"/>	<input type="checkbox"/>	Have you been exposed to any known contagious disease in the last week?
		If yes, please explain: _____

Has a copy of the staff/camper immunization record been obtained?

No Yes Have you shown any of, or been in contact with others who exhibited, the following symptoms within the past 24 to 48 hours prior to camp arrival?

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Fever (oral temperature 100.4°F or above) |
| <input type="checkbox"/> | <input type="checkbox"/> | Sore throat with fever |
| <input type="checkbox"/> | <input type="checkbox"/> | Vomiting |
| <input type="checkbox"/> | <input type="checkbox"/> | Diarrhea |
| <input type="checkbox"/> | <input type="checkbox"/> | Severe itching of body or scalp |
| <input type="checkbox"/> | <input type="checkbox"/> | Open draining sore on skin |
| <input type="checkbox"/> | <input type="checkbox"/> | Severe headache |
| <input type="checkbox"/> | <input type="checkbox"/> | Flu or flu like symptoms (fever, sore throat, cough, weakness, fatigue, sneezing, nausea, body aches) |
| <input type="checkbox"/> | <input type="checkbox"/> | Rash |

No	Yes	Result of the health screening:
<input type="checkbox"/>	<input type="checkbox"/>	Attended camp
<input type="checkbox"/>	<input type="checkbox"/>	Quarantined at camp in the isolation area
<input type="checkbox"/>	<input type="checkbox"/>	Sent home/did not attend camp

Signature of Health Supervisor

Date Reviewed