

# Quaker Oaks Farm Youth Service Camp

17216 Ave 296, Visalia, CA 93292 559-592-6362  
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## ENROLLMENT FORMS

**THESE FORMS MUST BE COMPLETED AND POSTMARKED  
NO LATER THAN MARCH 15 OR FAXED TO 559-733-2360**

### **REQUIRED EMERGENCY INFORMATION**

*Please PRINT legibly*

Camper's Name \_\_\_\_\_ Sex: M F Birth date: \_\_\_/\_\_\_/\_\_\_

Social Security Information \_\_\_\_-\_\_\_\_-\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Father/Guardian \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

*If you cannot be reached in case of emergency, name those to be notified below:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of Camper's Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Insurance:** Company \_\_\_\_\_ Insured \_\_\_\_\_

Group \_\_\_\_\_ ID # \_\_\_\_\_ Policy # \_\_\_\_\_

**Health Concerns:** Specify anything that would limit activity or may require special care during camp (asthma, cardiac, diabetes, psychological/behavioral/emotional, epilepsy, migraines, orthodontic, orthopedic, visual, spinal problems).

**Allergies:** Please list any allergens to which your child has had a reaction:

Medications: \_\_\_\_\_

Reaction: \_\_\_\_\_ Preferred Treatment: \_\_\_\_\_

Animals:(including bees) \_\_\_\_\_

Reaction: \_\_\_\_\_ Preferred Treatment: \_\_\_\_\_

Foods: \_\_\_\_\_

Reaction: \_\_\_\_\_ Preferred Treatment: \_\_\_\_\_

Plants (including poison oak): \_\_\_\_\_

Reaction: \_\_\_\_\_ Preferred Treatment: \_\_\_\_\_

Other: \_\_\_\_\_

**Please circle** the following over-the-counter medications that Quaker Oaks Farm camp **staff may give** to your child: acetaminophen /antacid /anti-diarrheal /aspirin / antihistamine / decongestants / ibuprofen /

In the event of an emergency, if neither parent nor the person named above can be reached I hereby give my permission for the Quaker Oaks Farm camp staff to administer first aid treatment and to secure medical or paramedic service when necessary, at my expense.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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**PERSONAL INFORMATION FOR:** \_\_\_\_\_ *Please PRINT legibly*

Activity limitations: \_\_\_\_\_

Swimming ability: With flotation only \_\_\_\_\_ Waist high water only \_\_\_\_\_ Deep water \_\_\_\_\_ Ocean surf \_\_\_\_\_

Food limitations and dietary concerns: \_\_\_\_\_

Please use this space to describe any other information about the camper that you think the staff should know about (*including sleep disturbances such as frequent bedwetting, nightmares, or sleep walking*) to assure that the camper has a safe and happy camp experience. Attach additional sheets as needed.

**For Females:** Has she menstruated? YES / NO If yes, is her menstrual pattern regular? \_\_\_\_\_

If no, has she been told to expect it? \_\_\_\_\_

**Parent/Guardian Affirmation:** I am the legal guardian of the person described here. This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted. In the case of an emergency, I hereby authorize the staff of Quaker Oaks Farm to consent to any urgent medical or surgical care advised by licensed health care providers. I expect to be informed as soon as possible of all medical concerns regarding my child. I hereby release Quaker Oaks Farm, its staff and Board of Directors, as well as any volunteer chaperons, from all liability, legal or financial, for injury and illness that my child may experience during the program.

I have read the enclosed community expectations statement provided to the camper and agree to discuss these expectations with my child. I agree to be responsible for transportation home should the program organizers determine that my child can no longer live up to these community expectations and must leave the program early.

Signature of parent or guardian: \_\_\_\_\_ Date \_\_\_\_\_

I understand and agree to abide by any restrictions placed on my camp activities.

Signature of Camper \_\_\_\_\_ Date \_\_\_\_\_

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## MEDICATION AUTHORIZATION FORM

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

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

**INSTRUCTIONS:** Please complete this form for all medication(s) your child will be taking as needed at camp including over-the-counter medications for headaches or cold, inhalers, etc. **NOTE:** This form must accompany your child to Quaker Oaks Farm only if he/she is taking any medication. Please read the following information related to the "Medication Policy" at Quaker Oaks Farm. Your signature below indicates that all information provided on this form is correct and that you understand the Quaker Oaks Farm medication policy.

### Medication Policy:

- √ All medications (over the counter and/or prescription) must be submitted in a clear plastic bag or box at Quaker Oaks Farm camp check-in for any minor at camp.
- √ All medication must be in the ORIGINAL CONTAINER with the camper's (or teen's) name printed on the bottle.
- √ Zip-lock bags, pillboxes, non-original medicine bottles, or any other type of container besides the original will not be accepted.
- √ The dosage instructions listed on the bottle must be followed unless there is a written note from the prescribing doctor outlining different indications.

THERE WILL BE NO EXCEPTIONS TO THIS POLICY.

Medication Name (include any special instructions)	As Needed	Breakfast	Lunch	Dinner	Bedtime
1.					
2.					
3.					
4.					

My signature below indicates I have read and understand the Quaker Oaks Farm Medication Policy and authorize the administration of my child's medication by Quaker Oaks Farm camp staff.

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

FOR ADDITIONAL MEDICATIONS ATTACH ADDITIONAL COPIES OF THIS PAGE.

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## COMMUNITY EXPECTATIONS FOR SERVICE CAMPERS

Youth Camps at Quaker Oaks Farm offer young people prospects for personal growth and reflection, as well as an opportunity to develop meaningful friendships and experience the strength of community life. In order to facilitate these possibilities, we must all work together to create a safe and healthy space for each and every individual. Each individual is expected to communicate about and respect others' personal boundaries, and to care for the physical welfare of the buildings and grounds at Quaker Oaks Farm.

By participating in programs at Quaker Oaks Farm, each camper agrees to live up to the community's expectations and to expect and support the same behavior in others. Each camper is responsible for making sure that a counselor or adult staff knows of any situation which threatens the integrity of the community's expectations. When young people come to Quaker Oaks Farm with -- but especially without -- their parents, they agree to take special care to live up to the stated community expectations. Any camper who is unable to function within these guidelines will be asked to leave Quaker Oaks Farm.

Illegal drugs, the consumption of alcohol by minors, and fireworks are not permitted. Fires will be made only through the proper use of the wood stoves provided, or in the fire rings, with the consent and supervision of staff.

Quaker Oaks Farm Youth Camps are an opportunity for extended contact with friends of all genders, a wonderful opportunity to explore and develop new and close relationships. However, camp is most appropriately a community activity. Pairing off and intimate sexual activity (anything more intimate than a hug or friendly kiss) is not acceptable at camp due to the negative impact it has on the camp community.

All campers must agree to respect Quaker Oaks Farm's guidelines regarding sexual intimacy and must also respect other people's personal boundaries. Youth camps may be the opportunity for physical and emotional closeness, but each individual may define their own limits and may expect that others will respect those limits.

Finally, every camper is expected to participate in the camp activities, including orientations, planning meetings, meals, and clean-up.

### **AFFIRMATION:**

By signing this document, I state that I have read and agree to abide by the Quaker Oaks Farm Community Expectations described above.

---

Camper's signature

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Date

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## PHOTOGRAPHIC IMAGE RELEASE FORM

I hereby give my permission for photographic images of \_\_\_\_\_  
(camper's name)

to be used by Quaker Oaks Farm to share promotional information about Quaker Oaks Farm

to the public. This release is valid until withdrawn in writing by the camper or the

camper's parents or guardians.

\_\_\_\_\_  
Camper's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian's name

\_\_\_\_\_  
Parent/guardians's signature

\_\_\_\_\_  
Date

**ALL OF THE ABOVE FORMS MUST BE COMPLETED AND  
POSTMARKED NO LATER THAN THE MONDAY BEFORE CAMP STARTS**

# Quaker Oaks Farm Youth Service Camp

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## THINGS TO BRING TO CAMP

In addition to enough clothing for your time at Quaker Oaks Farm, here are some items you must bring. **Please put your name or initials on all your personal belongings.**

- Good walking shoes for hikes
- Sleeping bag
- Sleeping pad
- Pillow
- Bath Towel
- Soap
- Shampoo
- Toothbrush and floss
- Toothpaste
- Comb or brush
- Pajamas or clothes just for sleeping in
- Swim suit
- Old shoes that you don't mind getting wet and dirty
- Old clothes that you don't mind getting wet and dirty
- Warm clothes for outdoor, evening activities
- Flashlight and extra batteries
- Day pack or knap sack
- Reusable drinking bottle
- Sun screen and/or a hat and light long-sleeved shirt

Optional items:

- Mosquito repellent
- An extra set of shoes
- A sheet or light blanket in case your bag is too warm.

**Please do not bring electronic equipment or CELL PHONES to camp unless it is to be used to support a community activity.**

Do not bring items of great value that you would miss if they were lost or forgotten.

**If you take regular medication, see Medication Authorization Form. All medications will be held by an adult throughout the duration of the camp.**