Welcome to the exciting adventure of Summer Day Camp!
We hope this manual will be helpful in the planning and operation of your day camp program.
Please call the LUTHER SPRINGS office with any questions or concerns.
We look forward to our partnership in ministry this summer!

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DAY CAMP LOCAL COORDINATOR: JOB DESCRIPTION

The Day Camp Local Coordinator plays a vital role in the success and development of the local day camp. Each congregation MUST designate a local coordinator. The local coordinator is our link to your congregation and community and the joint ministry that we enter into with your Day Camp. Please be sure that you have the time and an understanding of this position before you make the commitment to it so that we can work together for a strong and positive summer program for youth. The following are some guidelines and expectations to help you better understand the Day Camp program and your role in it.

THE LOCAL COORDINATOR SHALL:
1. Work with LUTHER SPRINGS staff to design the program so that it best fit the needs and resources of the local church and community.
2. Coordinate information and planning with all appropriate church committees and leadership.
3. Serve as liaison between church and Camp, including LUTHER SPRINGS staff, before, during, and after the Day Camp.
4. Read all Day Camp material in order to have a clear understanding of the Day Camp program.
5. Select and secure the Day Camp site and establish emergency procedures as outlined in Day Camp Manual.
6. Coordinate the promotion of the Day Camp in your church and community. (Early promotion is very important!)
7. Register the youth, collect fees, collect health forms and necessary permission slips, etc.
8. Assure that the appropriate forms and payments are sent to the Camp office, i.e. the Certificate of Liability Insurance and second payment by May 1st and the final arrangement sheet due 3 weeks before the Day Camp.
9. Coordinate the evaluation of the Day Camp and attend an evaluation meeting at the conclusion of the Day Camp each day.
10. Recruit and organize volunteers to take part in the Day Camp. This involves coordinating volunteers for snack, daily registration, and someone to be available at times that you will not be present at the Day Camp.
11. Coordinate staff sleeping and meal arrangements.
12. The Day Camp local coordinator is often the last word on safety procedures, parental contacts, and local activities. You are our local expert and we depend on you to assist us in getting to know your community and church.

This is a long list of responsibilities and much of it may be done by a committee or group of volunteers. We are available at any time to answer questions, give advice or meet with the appropriate people. We realize that not every detail gets done, but the better the planning and preparation for your week the more powerful and energetic the results will be!
# TYPICAL DAILY SCHEDULE

<table>
<thead>
<tr>
<th>Day/Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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</thead>
<tbody>
<tr>
<td>9:00</td>
<td>Drop off &amp; get-to-know you games</td>
<td>Drop off &amp; get-to-know you games</td>
<td>Drop off &amp; get-to-know you games</td>
<td>Drop off &amp; get-to-know you games</td>
<td>Drop off &amp; get-to-know you games</td>
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<tr>
<td>9:15</td>
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<td>Opening/Morning Watch</td>
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<td>9:30</td>
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<td>Snack</td>
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<td>11:00</td>
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<td>Activity # 2</td>
<td>Activity # 2</td>
<td>Activity # 2</td>
<td>Activity # 2</td>
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<tr>
<td>12:00</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
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<td>Lunch</td>
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<tr>
<td>12:30ish</td>
<td>Quiet Time</td>
<td>Quiet Time</td>
<td>Quiet Time</td>
<td>Quiet Time</td>
<td>Quiet Time Optional closing with parents</td>
</tr>
<tr>
<td>12:45</td>
<td>Activity # 3</td>
<td>Activity # 3</td>
<td>Activity # 3</td>
<td>Activity # 3</td>
<td>Activity # 3</td>
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<tr>
<td>1:45</td>
<td>Activity # 4</td>
<td>Activity # 4</td>
<td>Activity # 4</td>
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<td>2:45</td>
<td>Closing Worship</td>
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<td>Closing Worship</td>
<td>Closing Worship</td>
<td>Closing Worship with Parents</td>
</tr>
</tbody>
</table>

### FULL DAY - TYPICAL SCHEDULE

- **8:30**  
  - **Staff & Volunteer Meeting**
- **9:00**  
  - Drop off
- **9:15**  
  - Morning Watch
- **9:30**  
  - Activity #1 - Bible Study/ Crafts
- **10:30**  
  - Snack
- **11:00**  
  - Activity #2 - Bible Study/ Crafts
- **12:00**  
  - Lunch
- **12:30**  
  - Quiet Time
- **12:45**  
  - Activity #3 (or field trip for the rest of afternoon)
- **1:45**  
  - Activity #4
- **2:45**  
  - Closing Worship
- **3:00**  
  - Pick Up
- **3:15**  
  - **Staff & Volunteer Meeting**

Sometimes a Thursday evening worship extended to the members of the congregation is used instead of or in addition to the Friday afternoon closing with parents.
## ALTERNATE DAILY SCHEDULE

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<th>Day/Time</th>
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<td>Activity #2</td>
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<tr>
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<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
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<td>12:30ish</td>
<td>Quiet Time</td>
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<td>Quiet Time</td>
<td>Quiet Time</td>
<td></td>
</tr>
<tr>
<td>12:45</td>
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<td>Activity #3</td>
<td>Activity #3</td>
<td>Activity #3</td>
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<tr>
<td>1:45</td>
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<td>2:45</td>
<td>Activity #5</td>
<td>Activity #5</td>
<td>Activity #5</td>
<td>Activity #5</td>
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<td>3:45</td>
<td>Closing Worship</td>
<td>Closing Worship</td>
<td>Closing Worship</td>
<td>Closing Worship</td>
<td>Closing Worship</td>
</tr>
</tbody>
</table>

**FULL DAY - TYPICAL SCHEDULE**

- **8:30**  *Staff & Volunteer Meeting*
- **9:00**  Drop off
- **9:15**  Morning Watch
- **9:30**  Activity #1- Bible Study/ Crafts
- **10:30** Snack
- **11:00** Activity #2- Bible Study/ Crafts
- **12:00** Lunch
- **12:30** Quiet Time
- **12:45** Activity #3 (or field trip for the rest of afternoon)
- **1:45** Activity #4 - Games
- **2:45** Activity #5
- **3:45** Closing Worship
- **4:00** Pick Up
- **4:15** *Staff & Volunteer Meeting*

Typically bible study and crafts are scheduled for the 1<sup>st</sup> and 2<sup>nd</sup> activity periods while attention spans are still long. In places where it is too hot for outside afternoon activities field trips or games might be scheduled in the morning instead. Bible Study/Crafts would then take place inside in the afternoon. The schedule is flexible to meet the needs of the campers and opportunities offered by the site.

**Sometimes a Thursday evening worship extended to the members of the congregation is used instead of or in addition to the Friday afternoon closing with parents.**
PUBLICITY GUIDELINES

Day Camp may be a "new idea" in many congregations. Therefore, you need to interpret the idea to the congregation as well as promote it to potential youth. Day Camp should be promoted often and early in church bulletins, newsletters, local newspapers, local radio/TV public announcement space, and other means available. A lot of local newspapers and radio stations, including Christian radio stations, offer free publicity for Day Camps.

CONGREGATIONAL PUBLICITY

1. List the Day Camp on the church schedule and calendar as early as possible. Thereafter, put in a brief announcement in church bulletins and newsletters, every 2-3 weeks.
2. A brief, but informative flyer should be prepared and distributed six to eight weeks prior to the Day Camp, to all church family units; (a sample PR letter is provided).
3. Have one or two temple talks as part of Sunday Worship. They need only be three to five minutes in length. The first talk should explain Day Camp and the second should kick-off registrations. Luther Springs can help with this.
4. Put up posters around the church, highlighting the Day Camp, including the dates and key activities.
5. Invite congregational members to visit and/or participate in the Day Camp. An open invitation can be extended for interested persons to visit. A specific invitation to the closing program (and meal, if provided,) should be made.

COMMUNITY RELATIONS

1. Put periodic notes in the local newspaper. Especially plan to make use of the “community news" section.
2. If you want to reach out to the community for un-churched youth to attend, put up posters or flyers in the neighborhood.
3. Invite other churches in the area to participate. This is an often overlooked option, and as long as you emphasize the Christian aspect of the camp, it may make it an easier option for non-Lutheran churches.
4. Put up a big sign or banner at the Day Camp site to promote the dates and key activities. Keep it up throughout the Day Camp.

YOUTH PUBLICITY AND REGISTRATION

1. Send out a letter to the parents of all potential youth; (sample provided). Include an informational brochure.
2. Hold registration after Sunday worship for 4-6 weeks before your Day Camp week. Parental release and registration forms can be signed at this time to facilitate getting the required information.
3. If charging your campers, collect a deposit at the time of registration and then the final balance at least one week prior to camp.
4. Distribute the health history form and set a deadline for it to be returned. If you set your deadline for the first day of Day Camp please make sure that you have the age and any special needs information available to staff prior to the first day so they can make groups appropriately.
5. Telephone calls or personal visits can be made to families of youth who have not registered. The most effective form of recruitment is to extend the invitation in person. Ask parents who have children of day camp age directly and offer to answer any questions.
SAMPLE PR LETTER TO PARENTS

(Adapt this letter to fit your needs and put on church letterhead)

Dear Parents,

Greetings from _______________________________ Lutheran Church!

Our church is planning an exciting new opportunity for Christian growth that your child (ren) will want to share in. It's a Day Camp, planned for ________ (dates)____________, for youth that have completed grades ________________.

Day Camp is offered by Luther Springs. Camp staff together with folks from our church will lead the experience. We will begin at 9:00 am and conclude at 4:00 PM, Monday through Thursday. Thursday evening at _______ (time) there will be a closing program for parents and friends. On Friday the week concludes at noon.

(Put a paragraph here on any of the special features or events of the week and camp.)

The purpose of the Day Camp is to help your child(ren) grow in faith. This is one more way to share the Gospel of Christ, in support of our regular church activities. The key to Day Camp is the camp staff. Some of the special resources they bring include: music, arts and crafts, games, Bible study, and nature programs. They also bring a great love of children and contagious enthusiasm for sharing their faith.

We are writing to encourage your child(ren) to participate. The cost is only $________. (add any information on registration procedures here.) Please plan to register by ________________.

Prayerfully consider this exciting opportunity for your child(ren). We hope they can share in the Day Camp, ______________(dates)______________.

Sincerely,

Day Camp Committee
(list committee names)
SAMPLE NEWS RELEASE
To be included in parish newsletters, worship bulletins, and other congregational means of publicity. Feel free to edit to fit space requirements. You may also choose to highlight one aspect of Day Camp each week.

DAY CAMP COMES TO ____________________

Camp is coming to our church ______(dates)_______. Day Camp is an exciting program offered by Luther Springs Camp and Retreat Center.

Five days of Christian Day Camp for youth who have completed grades _____through_______. It is a joint venture of ___(sponsoring churches)___ and Luther Springs Camp and Retreat Center. The cost for the week is only $________, this covers all costs, except for youth bringing their own lunch.

WHAT HAPPENS AT DAY CAMP?
Bible Study, worship ------- games for fun and recreation where everybody plays and learns ----- ---- arts and crafts --------- singing ------- fellowship -------- nature studies -------- making new friends and much more!

WHERE WILL IT HAPPEN ?
Day Camp will run from ____________ to __________, Monday through Thursday. The Friday session will conclude at noon with a special program for families and friends.

Day Camp will be held at ___________(location)_________. We'll also make use of ______________________________ (it's parks, zoo, beach, etc.) _________________________.

WHO WILL LEAD IT ?
Counselors from Luther Springs Camp and Retreat Center will lead the program. The staff are Christian young adults trained and equipped in Bible Study, worship, first aid, recreation, creative activities, and working with people both young and old. The counselors are college students, at least 18 years old and are led by an experienced LUTHER SPRINGS Area Director in conjunction with a church coordinator. Volunteers from our church will share in the leadership.

WHO CAN COME?
Any youth who have completed grades _______ to _______ can sign up. You do not have to be a member of the congregation - Day Camp is open to everyone! (And scholarships are available for those in financial need.)

To register -----fill out the form and enclose a $___________ deposit per camper---send it to the church office--------bring the health history form. The balance of the fee is due one week prior to the first day of camp.
SAMPLE CONFIRMATION LETTER TO PARENTS

(CHAURCH LETTERHEAD)

Dear Day Camp Parent,

Greetings! Thank you for sharing your child with the Luther Springs Day Camp at _______________.

We've got an exciting week of Day Camp planned and are delighted that you can be a part of it. This is to confirm your child's registration details and review details for the week:

- The balance of the fee, $__________, is due one week before the camp.
- Plan to arrive at the church by 8:50 am on Monday morning, ___(date)____.
- Send a sack lunch along each day. The church will provide a cold drink and morning snack.
- Day Camp will conclude daily at 4:00 PM. The Friday session concludes at 12:00 PM.

Luther Springs Day Camp is a unique experience. It is a time for young people to learn, grow, and discover more of God's love and what it means to be part of the family of God.

Please contact the church office if you have any questions, or if we can help further in your planning and preparations.

We are proud of our Day Camp staff and the entire experience. We are looking forward to meeting your child and sharing in Day Camp together.

In Christ,

John Corneilson,
Local Coordinator

Luther Springs Program Director
SAMPLE FORMS

PERMISSION SLIP

I, ___________________, hereby give permission for my child/children, ___________________, to leave the
(parent/guardian) (child/children name)
___________________ Lutheran Church campus/grounds with camp counselors on these planned field trips
(church name)
during the week of Day Camp, _________________, 2012.
(dates)

List specific field trips (dates & locations):

Parent/Guardian Signature: ____________________________
Date: _______________________

--------------------------------------------------------------------------------------------------------------------------------

REQUEST FOR BEFORE/AFTER CARE (supervision provided by church volunteers)

Before and after care will be provided at ______________________ Lutheran Church by church volunteers during the week of day camp. Before care will be provided from 7:00am to 9:00am Monday through Friday, ___________ (dates)____________. After care will be provided Monday through Thursday from 4:00pm to 6:00pm.

NOTE: CHILDREN ARE TO BE PICKED UP BY NOON ON FRIDAY, ___________ (DATE)

Please check below if you require before/after care for your child/children.

BEFORE - 7:00am to 9:00am __________
AFTER - 4:00pm to 6:00pm __________
NUMBER OF CHILDREN: _________________

Parent/Guardian Signature: ____________________________
Date: _______________________


LUTHER SPRINGS DAY CAMP REGISTRATION FORM

Camp is coming to our church! Sign-up now!

__________________ Lutheran Church and Luther Springs Camp and Retreat Center, are
excited to bring Day Camp to __________________ on ____ (DATES)_____

Camper’s First and Last Name:
________________________________________________________

Age: _______   Grade Entering (Fall 2012): ________   ☐ Male   ☐ Female

Address: _________________________________________________________________

City: ______________________________   Zip: _______________

Parent/Guardian Name:
_____________________________________________________________

Phone: (____) _______________   E-Mail Address: _______________________________

Home Church: __________________________________
City______________________

Please return this form with $____________ deposit to:

Church name and address entered here.
DAY CAMP REGISTRATION TRACKING SHEET
(to help you keep track of who is coming and what information you still need from them)

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade/Age</th>
<th>Paid</th>
<th>Health form</th>
<th>Other forms?</th>
<th>Phone #</th>
</tr>
</thead>
</table>

Church Name: ______________________________________________________

Dates of Day Camp: ________________________________________________

Address: _________________________________________________________
DAY CAMP HEALTH HISTORY FORM

This Day Camp is a partnership between Luther Springs Camp and Retreat Center and your local congregation. We want to provide your child with the best possible week at camp including spiritual, physical, and social growth. You can help by carefully filling out this form. Health forms must be turned into the Day Camp coordinator no later than the first morning of the Day Camp.

Each camper must have a completed health form on file or WILL NOT be admitted to Day Camp.

PLEASE PRINT

Full Name of Camper _________________________________________________________________

Last    First                       MI

Age _________  Birth date _________________________  □ Male  □ Female

Camper’s Address _________________________________________________________________

City ________________________________________ State ______________ Zip __________________

Name (s) of Parent (s) or Guardian _________________________________________________________

Home Phone (_____)___________ Work Phone (_____)____________ Cell Phone (_____)___________

If I cannot be reached in an emergency call: ________________________ Relationship: _______________

Home Phone (_____)___________ Work Phone (_____)____________ Cell Phone (_____)___________

Name of Child’s Physician: ______________________________________ Phone (_____)_____________

Health Insurance Information:
LUTHER SPRINGS and the local congregation have secondary accident insurance. The parent/legal guardian is responsible for all charges associated with an accident or illness.

Carrier Name: __________________________________________________________________________

Carrier Address: ________________________________________________________________________

Policy #: ___________________________________________________ Phone _____________________

Policy Holder’s Name:  __________________________________________________________________

Policy Holder’s Social Security #____________________        Policy Holder’s Date of Birth______________

Medical Release and Authorization for Treatment
This day camp is a partnership between Luther Springs Lutheran Outdoor Ministries (LUTHER SPRINGS) and the local congregation listed above. The undersigned, as parent/legal guardian of the camper, authorizes LUTHER SPRINGS and the local congregation, its delegated leaders, directors, and medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor’s office providing care. Day Camp leaders will endeavor, but are not required, to communicate with me prior to treatment. The undersigned releases LUTHER SPRINGS and the local congregation, and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connections with diagnosis or treatment. I also give Luther Springs and/or Lutheran Outdoor Ministries of Florida authorization to use pictures of my child in future advertising forms. The undersigned certifies that he/she has full authority to sign this Release and Authorization. This completed form may be photocopied for trips off site.

Printed Name __________________      Signature_______________________         Date __________
CAMPER HEALTH HISTORY CONTINUED

Describe any current physical, mental or psychological health conditions requiring medication, treatment, or special restrictions or considerations while at camp:

_______________________________________________________________________________________________
_______________________________________________________________________________________________

Activities from which the camper should be exempted for health or other reasons: __________________________
_______________________________________________________________________________________________

Does camper know how to swim? ☐ Yes ☐ No ☐ Somewhat

Allergies: Please list any allergies (food, medicine, insect stings, etc.):
_______________________________________________________________________________________________

Asthma: ☐ Severe ☐ Moderate ☐ Mild ☐ Triggers? ____________________________

Nutritional/dietary restrictions: ____________________________

Diabetic? ☐ No ☐ Yes Vegetarian? ☐ No ☐ Yes

Camper Medications:
A first-aid kit will be present at all times. It contains the following medications: Tylenol, Motrin, Cold Medication and Antacids/Antidiarrheals. May your child receive these medications if needed?
☐ Yes ☐ No Comments: ___________________________________________________________

IF YOUR CHILD NEEDS TO BRING ANY MEDICATION TO BE TAKEN DURING DAY CAMP HOURS PLEASE FILL OUT THE INFORMATION BELOW. All medications (including aspirin, vitamins) must be checked in with the local coordinator upon arrival.

I give my permission for the Local Coordinator or designated church volunteer to keep and administer the following medications:

Name of Med. _________________________ Dosage ___________ How often __________

Name of Med. _________________________ Dosage ___________ How often __________

Any special information concerning this medication? ______________________________________________________________
________________________________________________________________________________________________________

Signed __________________________________________________ Date ________________
Parent or Guardian Name

Personal Information: Please share any information that will help us give your camper the best experience possible.

Has anything happened recently in your family or with friends that may affect your child's behavior while at camp?
Any emotional upsets? _____________________________________________________________
_______________________________________________________________________________________________

Is your child apprehensive about anything at camp? _____________________________________________________________
_______________________________________________________________________________________________

Any other suggestions or special information for the counselor? _____________________________________________________
# DAY CAMP DAILY ATTENDANCE SHEET

**Date**: ______________

**Camp Location**: ______________________________________________________

<table>
<thead>
<tr>
<th>CAMPERS NAME</th>
<th>CHECK IN SIGNATURE</th>
<th>PERSON PICKING UP</th>
<th>CHECK OUT SIGNATURE</th>
</tr>
</thead>
<tbody>
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First Aid Log

This log is to be filled out any time supplies are taken from the Luther Springs first aid kit. The day camp coordinator will share this information with parents at checkout each day. The Luther Springs Team Leader will also review and restock daily.

<table>
<thead>
<tr>
<th>Time</th>
<th>Day</th>
<th>Legal Name</th>
<th>Health problem or concern:</th>
<th>Treatment given:</th>
<th>By whom:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:30pm</td>
<td>Tues</td>
<td>John Smith</td>
<td>Headache</td>
<td>Children’s Tylenol and water</td>
<td>Mary Brown</td>
</tr>
</tbody>
</table>
RISK MANAGEMENT PLAN AND PROCEDURES FOR DAY CAMP

The purpose of risk management is to eliminate potential risks or to manage or minimize risks by preventing them from causing harm; rather than to pay for or suffer from risks after they have caused injury or harm. The intent of the risk management plan is to protect campers, staff, the local congregation, and Lutheran Camping.

There are a variety of kinds of risks that are associated with the camper. These risks include site, transportation of campers for field trips, and release of campers at the end of each day. The plan deals with risks by avoidance (e.g. some places named off limits) or reduction.

The Risk Management Plan will include:

I. Day Camp Health Procedures and Phone Numbers
II. Search Procedures for a Lost Camper
III. Fire Emergency Procedures
IV. Tornado Procedures
V. Daily Check-In and Check-Out Procedures
VI. Emergency Transportation
VII. Field Trips
VIII. Potential Risks
I. Day Camp Health Procedures:
   a. In the event of an emergency a staff member or adult volunteer should notify the following people in the order listed below:
      i. LUTHER SPRINGS Area Director –
      ii. Church Coordinator –
      iii. LUTHER SPRINGS Program Director - (352) 546-5554

b. Medical Information
   i. All health forms will be kept ____________________. At the end of the Day Camp week, camper health forms become property of the church. Hipaa regulations state that health forms (which are considered medical records) be kept confidential and private. Ex. LUTHER SPRINGS is required to keep onsite camper health forms until the camper turns 21 years of age. This allows for follow up as needed. At that time they are shredded to maintain privacy. Please check with your insurance provider for their recommendation regarding health forms.
   ii. Emergency numbers are posted (form provided) _______________________.
   iii. The LUTHER SPRINGS first aid kit and log will be kept _____________________.
      Anytime supplies are used from the LUTHER SPRINGS first aid kit they must be documented on the first-aid log. The Coordinator will check this log daily and share information with parents at check-out.
   iv. If a child brings any medication to be taken during day camp hours it must be written on the health form in designated location. The local coordinator or designated church volunteer is responsible for receiving and distributing any medicine brought to day camp other than what is given through the first aid kit by camp staff.
   v. The first aid kit and health forms will be taken on all field trips.

c. Medical Situations or Accidents:
   i. Give first aid as necessary.
   ii. Inform the LUTHER SPRINGS Area Director
   iii. The LUTHER SPRINGS Area Director will inform the local Coordinator.
   iv. The local Coordinator will call the parents of the child if necessary.
   v. If the child needs further medical attention the parents will be called to help make that decision if time allows.
   vi. If parents are not available to pick the child up and further medical attention is needed, the local coordinator will drive the camper to the medical facility and stay with them until parents arrive.
   vii. The health form and accident-incident report form must be brought to the medical facility. Medical staff must sign the accident-incident form in designated space if the child is still not in their guardians care.
   viii. A copy of all accident-incident reports will be made for the church to keep on file

d. Life Threatening Emergencies
   i. Give first aid as able and send a second staff member or able camper to get the LUTHER SPRINGS Area Director and Local Coordinator.
   ii. When the judgment of the staff present mandates call 911.
   iii. The local Coordinator should contact the parents and stay with the child until the parents arrive (including riding in the ambulance).
iv. The LUTHER SPRINGS Area Director should contact LUTHER SPRINGS Program Director and remain at the day camp to finish leading the day.

v. A copy of the child’s health form should be taken to the hospital with the camper if parents have not yet arrived.

vi. The local coordinator should share any pertinent information with the LUTHER SPRINGS Area Director upon return, who will complete a LUTHER SPRINGS Accident -Incident form.

II. **Search Procedures For A Lost Camper**

   a. Notify the LUTHER SPRINGS Area Director and local Coordinator.
   b. Do Not Alarm Campers.
   c. Account for all campers by cabin/team groups to determine the extent of missing persons.
   d. Interview quickly all group members to determine any information regarding the missing person's last whereabouts, possible intentions, and destinations.
   e. Write down all specific information, including physical description, clothes worn, behavior observed, etc.
   f. By foot check likely places for a lost person to be, especially streets, bathrooms and buildings in the local area. At least one person should remain at the church (or designated home base on field trips). All persons report back at a designated time. Campers cannot search without an adult.
   g. If the missing person has not been found within one hour the local coordinator should call the parents and the police department. The LUTHER SPRINGS Area Director should call the Program Director.

III. **Fire Emergency Procedures**

   a. The fire alarm is located ________________________.
   b. The fire extinguishers are located ________________.
   c. If you are the first person to discover a fire:
      i. Remove all campers from the area of danger.
      ii. Sound the alarm.
      iii. Send another staff person (or able camper) to notify the LUTHER SPRINGS Area Director and local Coordinator.
   d. Upon hearing the fire alarm:
      i. All campers and staff immediately walk to the parking lot.
      ii. Each counselor is responsible to account for all their campers.
      iii. The LUTHER SPRINGS Area Director accounts for all campers and makes the decision along with the local Coordinator as to how to locate any missing campers.
      iv. The local Coordinator determines when the building is safe. Keep campers away from the building until it is determined safe.

IV. **Tornado Procedures:**

   a. If in a building move away from windows to an interior hall or basement if possible. When the danger is imminent, they should be instructed to respond to a specific command to assume protective posture, facing interior walls. Such commands might be "Everybody down! Crouch on elbows and knees! Hands over back of head!"
   b. If outside make an attempt to move to open areas away from trees, vehicles and buildings. If possible find a ditch, gully, or low spot in the ground. Instruct campers to lay face down with their hands or an object protecting head and neck.
V. **Daily Check-in and Check-out Procedures:**
   a. The local Coordinator (or designated adult volunteer) is responsible for checking in and checking out all campers.
   b. Each morning a camper must be signed in and the name of who will be picking the child up in the afternoon must also be given.
   c. The person picking up the child must sign the child out. This name should be checked with the morning check-in to be sure it is the right person. If the name does not match, the coordinator must call the guardian of the child to verify that it is ok for the camper to leave with this person.
   d. If any campers do not come that are registered the local Coordinator should call the parents to find out if the child is coming.

VI. **Emergency Transportation**
   a. If emergency transportation is needed outside of an ambulance, the local coordinator will provide transportation for the camper and will remain with them until parents arrive. A designated travel ready vehicle should be at all Day Camp locations for any medical emergencies.
   b. If ambulance transportation is needed, the local Coordinator should contact the parents and stay with the child until the parents arrive (including riding in the ambulance).

VII. **Field Trip Procedures**
   a. All trips away from church must be planned in advance and made known to a designated person who remains at the church. The plan will include:
      i. Route to be taken
      ii. Departure and return time.
      iii. Roster of participants
      iv. Inclement weather plans
      v. Process for communication with the designated person at the church.
   b. LUTHER SPRINGS Area Director should make sure that the health forms and first aid kit are present on the outing.
   c. Once at the field trip site, staff will designate a "home spot" where the campers will be told to return to if they get lost or separated. Follow search procedure for a lost camper if needed.

VIII. **Potential Risks:** Please share with staff at Sunday staff meeting.
   a. List potential risks at your Day Camp site
EMERGENCY TELEPHONE NUMBERS

Please complete this form and post a copy of it by the telephone to be used by staff.

Church:__________________________________
Address:________________________________
City:___________________________________
Week of:________________________________

Church phone #:
Pastor ________________
Home #:
Office #:

Day Camp Coordinator:
Local Police:
Hospital:
Fire Department:

Luther Springs: 352 – 207 – 4935 (ask for Program Director)
DAY CAMP SUNDAY STAFF AND VOLUNTEER MEETING

1. Introduction

2. Go over camp/Bible Study theme

3. Review the daily/weekly schedule

4. Review the risk management procedures

5. Clarify who will be checking campers in and out daily and any medicine.

6. Review registration form and make grade/age divisions and staff assignments.
   a. LUTHER SPRINGS would like to request a copy of the registration form. This form provides contact information for future promotional opportunities and for a Christmas post-card from their counselor.

7. Review camp staff and volunteer roles

8. Have a tour of church

9. Use of church resources (library, extra scissors, etc.)

10. Any special offering or projects

11. Questions
LUTHER SPRINGS DAY CAMP EVALUATION

Name of Church: ___________________________________________________________

Dates of Camp: ___________________________________________________________

Luther Springs Staff in Attendance at the Camp

Area Director: ______________________________

Counselors: _______________________________________________________________________
_________________________________________________________________________________

1. Did the pre-camp communication meet your needs? Please comment:

2. What were your expectations of Day Camp? Were these expectations met?

3. Please comment on any or all of the following that were a part of your program:
   Arts ’n Crafts:

   Daily opening/closing (prayer, songs, skits, theme introduction):

   Field Trips:

   Bible Study:

   Games and Recreation:

   Music:

   Overnight:

   Overall Schedule:

4. Please comment on the camp staff:
5. How was the communication between the church volunteers and the camp staff:

6. What feedback have you heard from campers and/or parents:

7. What aspects of Day Camp would you like to see kept the same for next year?

8. What changes would you suggest for next year's Day Camp?

9. Regarding your attendance, so that other churches might also benefit from your experience, please comment on the following:
   a. We reserved for a camp or _____ campers and our actual average attendance was _____ campers
   b. We feel that our camp attendance was due to: (list any and all reasons you feel contributed to your total number of campers, including, but not limited to, advertising, number of youth in our congregation, etc. Please share both positive and negative reasons):
   c. We worked with other nearby churches (Lutheran or other) ___ Yes ___ No
   d. We feel that LOMF can assist us in building or maintaining our number of campers next year by:

10. Please share any other comments you have.

THANKS for your help in making next year’s program even better!

Average Number of Campers attending Day Camp: _____________

Day Camp Luther Springs Team Leader: ________________________________

Day Camp Coordinator _______________________________________________

Signatures confirm this is the number of campers that attended the day camp. This will be reflected on the congregation’s final bill to be mailed within two weeks of the day camps end. Congregations will be charged the number of campers in attendance unless the number is less than the minimum number of campers on the contract. If attendance is less, the charge on the final bill will be for the minimum number on your original contract.
FINAL DAY CAMP ARRANGEMENTS
(Please mail or fax this information at least 3 weeks prior to your Day Camp)

Name of Local Coordinator: ____________________________________________________________

Church/Location: ____________________________________________________________________

Date of Day Camp: ___________________________________________________________________

Grades Participating (entering in the fall of up-coming year): ______________________________

Projected Number: _______________

Mission Statement (Why you are having a day camp and what you hope to accomplish):

Names of Volunteers: ___________________________________________________________________

Will the Pastor or other church staff be participating in the week? _________________

Does camp staff need to be at church on Sunday for worship? What time: _________________________

What time is the planning meeting on Sunday? __________________________

Housing and Shower arrangements for camp staff: _____________________________________________

Are meals arranged for staff (lunch and dinner, except Wed. night)? ____________________________

Are you having an over night program on Thursday? If so, what time will it begin: _________________

Any other planned activities for the staff during the evenings: ________________________________

Day and Time of closing program: _______________________________________________________

Have arrangements for the daily snack been made? _____________________________________________

What field trips/events are planned?

Monday: _______________________________________________________________________________

Tuesday: _______________________________________________________________________________

Wednesday: ____________________________________________________________________________

Thursday: _______________________________________________________________________________

If you have any questions please contact:

John Corneilson: Luther Springs Program Director
johnc@lomfla.org  Phone: 352-207-4935  Fax: 352-546-1469
LUTHER SPRINGS; 264 Vause Lake Road; Hawthorne, FL 32640