



Spring of 2025

Dear Parent and Camper:

What a privilege it is to have your child enrolled in our camp program this summer! We thank you for trusting us with your most prized possession, and we take the responsibility of caring for your child very seriously. Little Eden's goal is to provide a secure environment for all children and to encourage each one to be the person God created them to be in His image. This can only happen as each child or teen understands and nurtures their relationship with Jesus Christ. Please join the staff in praying for a safe and fun-filled week at camp, a week that can impact the life of each camper and staff member for all of time and eternity! We believe God has great things in store for us this summer.

In order for a camper to attend camp this summer, the following items are required:

1. The **"2025 Youth Camp Registration Form"** and **payment**, if not already sent in.
2. The **"Camper Health History Form"** (3 pages) completed and signed by a parent/guardian.
3. The **"Authorized Release Form"** completed and signed by a parent/guardian.
4. The **"Camp Medical/Liability Release Form"** for each child in attendance.
5. A copy of **Insurance Cards**, both sides.
6. We strongly suggest, *but it is not required*, that you also have your child's health care provider fill out the **"Camper Health Care Recommendations by Licensed Medical Personnel Form 2."**

Please complete these forms immediately and return them to Delaney Nofziger before May 20. If you need additional forms, they can be downloaded at www.littleeden.org. (under the "Kids Camp" tab).

If you will be riding the bus to camp, please bring a sack lunch and snack with you. Any drinks need to have a screw-on cap. Buses will depart Sunday morning (June 8 & June 15) from Zion Mennonite Church, Short-Buehrer Road, Archbold, Ohio at 8:00 am (EDST). Please be at the church between 7:15 and 7:30 to allow time for loading. They will arrive at camp at approximately 1:15 pm. The buses will return to Zion Mennonite at approximately 5:30 pm Friday afternoon, June 13 and June 20. Bus times for Middlebury and/or Grand Rapids will be communicated with you as we get closer to the time of camp.

Please note that all camp fees must be paid before departing for camp. Payments will not be received at the time of boarding the bus for camp. Refunds will not be issued after May 15 unless cancellation is due to illness or death in the family. Prior to May 15, full refunds will be issued, less a \$25 administrative fee.

Items you will want to bring to camp with you include: A Bible, pen or pencil, notebook, camera (not a

cell phone camera), sleeping bag or twin bed sheets and blanket (please note a sleeping bag is required for junior high campers to use for the campout), pillow, towel, wash cloth, tooth brush and paste, soap, comb, a modest swimsuit, beach towel, tennis shoes, a hat, a jacket or sweatshirt for cooler weather, sunscreen, bug spray, and stationery. All medications must be in the original bottle (please only send the amount needed while at camp). **Please limit your luggage to one suitcase, a sleeping bag/pillow, and one small carry-on size bag/backpack.** We also suggest that each camper bring \$20 or so for snack shop items. Souvenir items such as sweatshirts (\$32), T-shirts (\$15-\$20), hats (\$18), stuffed animals (\$20), playing cards (\$8), sunglasses (\$5) and more are also made available to campers.

We want the camp experience for each camper to be not only safe, but a time of fun, spiritual growth, and community building. To set a proper environment at camp, we will enforce the following policies:

1. Water balloons, fireworks, firearms, explosives, and any illegal substances are prohibited.
2. Campers are not to bring cell phones, iPads/iPods, computers, game machines, or other electronic items to camp with them. Cell phones, if brought, will be collected on Sunday and returned on Friday.
3. Snack food and chewing gum should not be brought to camp. We will serve three balanced meals a day and an evening snack. The snack shop will also be open daily in the afternoon.
4. Phone contact with campers is limited. Part of the uniqueness of camp is removing the child from their familiar environments to experience new things; we ask that you not call the camp to speak with your child unless it is an emergency. We will contact you if there is an emergency at camp.
5. Little Eden will do our best to accommodate a cabin partner if requested by a first-time camper, however if your child is a returning camper we cannot guarantee their request will be accommodated. Only one cabin partner request per camper.

Should you have any questions or concerns about the above items, please call or write the camp or Delaney Nofziger. On behalf of Little Eden Camp and the entire youth camp staff, we thank you for entrusting your child to us. Together, we can make this a special week for them.

Sincerely,

Wayne A. Faber
Executive Director

Delaney Nofziger
Youth Camp Coordinator
419-822-6103

REMINDER - Dates for 2025 camps:

Junior Youth Camp (have finished 6th, 7th, or 8th grade): June 8-13

Boys & Girls Camp (have finished 3rd, 4th, or 5th grade): June 15-20

High School Camp (have finished 9th, 10th, 11th or 12th grade): June 15-20



Dear Parents and Campers!

The countdown is on! Those clocks are ticking! Camp is about ready to begin! Well, we might have a little time but before you know it camp will be upon us so we need to start preparing. Grab your swimsuit! Pack your Bible! Wait a minute! Don't pack your Bible yet because you will need it over the next number of months. And you may want to keep that swimsuit out so you can do some polar bearing this winter. Brrr!

The directors this year are Dan and Micky Graber, Galen Nofziger, Delaney Nofziger, and Gabbi Graber. We are putting our brilliant brains together, working at the whiteboard for many minutes deciphering the "how to lead camp" formula, and completing our PhD about "Little Eden + Jesus=FUN" to hand over to the bossman, Wayne. You will get a chance to meet this super fun guy! Speaking of fun, what about all the fun cabin leaders you are going to meet?

You might be wondering what are some of the great things you will experience at camp. Some of the things that come to mind are swimming, making friends, doing crafts, playing Capture the Flag, hiking to Lake Michigan, wonderful worship times, crazy science experiments, silly songs, delicious food, cabin leader stories, dramas, and growing in your relationship with Jesus.

The High School Camp will focus on Soul Training. Why do we need to do this? Just like our muscles becoming weak if we don't exercise them, or our ability to play that instrument can be rather embarrassing when we don't practice, our souls need to be trained so they will be strong and prepared to make the right choices when trials come our way.

The theme for Jr. High and Kid's Camp is, KIDS AND VALUES: LIVING GOD'S WAY. We will learn the importance of trusting God, being honest, showing kindness, respecting others, and having the courage to stand up for what is right.

Since we truly can't start packing, what can we do to begin getting ready for camp? PRAY! Pray for the directors as we plan. Pray for the cabin leaders. Yep, we know you don't know them yet, but God knows who they are. Pray for new people to come. Invite your friends. Invite someone from your class who maybe isn't your closest friend. Invite that person from school who doesn't seem to have a lot of friends. They will for sure make some great friends at camp.

We are stoked about being with you again! If you are new, we are stoked about getting to meet you! What a great week it is going to be!

Dan and Micky Graber
Galen Nofziger
Delaney Nofziger
Gabbi Graber



FAQ - HEALTH FORMS

1. **Must my child have a physical to go to camp?**

No. We strongly recommend that you have your child's Doctor or Nurse Practitioner complete and sign Form 2, but this form is not required for attendance. You should be aware that your health care provider may charge you to complete this form.

2. **Why must I furnish my medical insurance information?**

In the event there would be an accident resulting in a trip to the doctor or hospital, we need to have current and accurate information for your child to be seen.

3. **What if I can't locate my child's immunization record?**

You might check with your Health Care Provider or local Health Department. Another resource is your child's school nurse. You do **NOT** need to rewrite the dates in the spaces at the top of page 2 of the **Camper Health History Form**. Simply attach the printed copy to the form. *If you are unable to locate your child's immunization record, you must sign the statement as if your child is not fully immunized.*

4. **What if a camper has had a positive TB test in the past?**

A statement from your Doctor or Nurse Practitioner stating that the chest X-ray as follow-up was clear should be submitted with your health form.

5. **Are you really going to stock laxatives and lice shampoo in the camp Health Center?**

Not all items on the list will be stocked in the health center. The listing is only what may be stocked so that you or your health care provider can tell us which non-prescription medications should not be administered to your child. Please don't assume that we will have all of these items in the camp health center.

Should you have other questions, please feel free to email Delaney Nofziger, Youth Camp Coordinator, at youthcamps@littleeden.org or call her at 419-822-6103. If she is not available, leave a message and she will return your call.

CAMPER HEALTH HISTORY FORM

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below by May 20

Delaney Nofziger
518 East Elm Street
Wauseon, OH 43567

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete **pages 1, 2 and 3** of this form (FORM 1) and **make a copy**.
- 2) Send the **original, signed FORM 1**
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the **copy of FORM 1 with FORM 2** to your **child's health-care provider** for review and completion.
- 4) After it has been **completed and signed** by your child's health-care provider, return **FORM 2** to camp by the requested date.

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group _____

(For Camp Use) Session Code(s): _____

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. (Please describe below.)

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

CAMPER HEALTH HISTORY FORM

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
 First Middle Last
 Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (*) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis* (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella* (MMR)						
Polio* (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an **as needed basis** to manage illness and injury. **Cross out those the camper should not be given.**

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____

First

Middle

Last

Birth Date: _____

Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- | |
|---|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) |

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s): _____ Phone: (_____) _____

Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Keep a copy for your records.



AUTHORIZED RELEASE FORM

PLEASE RETURN TO:

Delaney Nofziger, Youth Camp Coordinator
518 East Elm Street ♦ Wauseon, OH 43567
Phone: 419-822-6103
E-mail: youthcamps@littleeden.org

On Friday, June 13 or 20, 2025, I _____, parent of
(Parent's name)
_____ give consent for my child listed above, to:
(Child's name)

Be picked up at camp by _____
Phone Number _____

Take the bus home from camp. If taking the bus, I give permission for my child to be picked up by anyone at the bus stop, **except** for the following persons:

1. _____
2. _____
3. _____

My child will get ON the bus at:

Archbold Middlebury Grand Rapids

My child will get OFF the bus at:

Archbold Middlebury Grand Rapids

This authorization allows my child to leave Little Eden Camp or the bus stop on the above stated date as indicated and releases Little Eden Camp of all liability.

(Parent/Guardian Signature)

(Month/Day/Year)

Contact phone number during bus ride (cell preferred): _____



CAMP MEDICAL/ LIABILITY RELEASE FORM

PLEASE RETURN TO:

**Delaney Nofziger, Youth Camp Coordinator
518 East Elm Street ♦ Wauseon, OH 43567
Phone: 419-822-6103
E-mail: youthcamps@littleeden.org**

I, _____, parent/guardian of _____
(Parent/Guardian) (Child)

give my permission for her/him to participate in the camping event of Little Eden Camp checked below. I also allow my child to ride in the designated buses to and from camp.

- Junior Youth Camp, June 8-13, 2025
 Boys & Girls Camp, June 15-20, 2025
 High School Camp, June 15-20, 2025

I/We have legal custody of the child named above, a minor, and have given our consent for him/her to attend events being organized by Little Eden Camp. I/We understand that there are inherent risks involved in any ministry or camping event, and I/We release the camp, its directors, staff, and volunteers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our child's involvement.

In the event that she/he is injured and requires the attention of a health care provider, I/we consent to any reasonable medical treatment as deemed necessary by a licensed health care provider. In the event treatment is required from a health care provider and/or hospital personnel designated by the camp, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I/we also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by a Little Eden staff member.

I/we authorize the taking of photographs and/or videos during my child's participation in the above checked camp and their use in advertising, displays, forms of electronic media, or publication without notifying me. I/we waive any and all rights to privacy in the photographs and videos and also waive the right to compensation arising from or related to the use of the photographs and/or videos.

(Parent/Guardian Signature)

(Month/Day/Year)

**CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by May 20

Delaney Nofziger
518 East Elm Street
Wauseon, OH 43567

To Parent(s)/Guardian(s): Complete this section and give **this form (FORM 2)** and a copy of your **completed CAMPER HEALTH HISTORY FORM (FORM 1)** to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (____) _____ (____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an **as needed basis** to manage illness and injury. **Medical personnel:** Cross out those items the camper should **not** be given.

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimite)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (*list*):

To medications (*list*):

To the environment (*insect stings, hay fever, etc.— list*):

Other allergies (*list*):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (*describe below*)

The camper is undergoing treatment at this time for the following conditions: (*describe below*) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (*name, dose, frequency—describe below*)

Other treatments/therapies to be continued at camp: (*describe below*) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (____) _____ Date: _____

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):