

Camp Classen 2026

Nov. 17-20



Attached is the permissions packet for camp. Please complete and return no later than October 6th.

Cost:

Total Cost: \$245

Payment #1 (\$125) Due: Oct 6th

Payment #2 (\$120) Due: Nov 3rd

(cash, check made out to Apple Creek, or online through My Payments Plus)

Any funds raised by your 5th grade student in the fundraiser will go toward their camp!

General Information

Please direct all camp questions to Mrs. Richardson

Parent Square: Amanda Richardson

amandarichardson@mooreschools.com

- **Cell phones**

- Students are NOT allowed to bring cell phones or other electronics to camp. If there is an emergency, we will contact you.

- **Camp mail**

- If you would like for your child to have mail at camp, please bring it to drop-off on Tuesday. Label the envelope with their name and which day you would like for them to have it.

- **Emergency contact**

- If there is an emergency situation, you can contact the camp office at: 580-369-2272

- **Drop Off/ Pick up**

- A parent/guardian MUST drop off their student the morning of camp to sign them in between 8:00-8:30. More detailed information will go home closer to camp.
- We generally arrive back at school around 12:30 on Friday from camp. Please make plans to have someone pick up your child at this time.

- **Cabin requests**

- In general, we do not take cabin mate requests. We want our students to get outside of their comfort zone and create community amongst their peers. If there is an extenuating circumstance, please contact Mrs. Richardson and we can discuss.

- **Payment**

- If cost is an issue for your family, please first participate in the fundraiser. If cost or payment schedule is an issue, please contact Mrs. Richardson. We will do everything we can to work with you.

WHAT TO PACK FOR CAMP

Students Need (1) suitcase/bag (1) Trash bag with bedding (1) Backpack-kept with student

Bedding-*needs to be in a trash bag or other bag labeled with student's name*

- Sleeping bag OR Twin size sheets and blanket
- Pillow

Backpack: *(Student will carry)*

- Sack lunch for Tuesday
- Refillable water bottle
- Flashlight
- Band-Aids
- Tissues

Clothing

- Pajamas
- 2 pair of closed-toe shoes (one good for hiking)
- Flip flops/slides for shower
- 6 pair of socks and underwear
- 5 t-shirts
- 2 sweatshirts/hoodies
- 4 pairs of jeans or long pants
- Coat
- Poncho/raincoat
- Hat
- Gloves
- 2 empty trash bags (for laundry & Bedding)

Toiletries

- 2 towels
- 2 washcloths
- DEODORANT
- Comb/brush
- Shampoo & Soap
- Toothbrush and toothpaste

Optional

- Sunscreen
- Bug spray
- Sunglasses
- Hair dryer
- Disposable camera
- Money (souvenirs- range from \$2-\$35)
- Snacks-in a container that can be sealed

**Please check the
weather for the
week of camp
and adjust
accordingly.**

Parent sponsors:

**Please bring
one case of
bottled water**

Outdoor School Program

Emergency/Health

Student's name _____ (circle one): Male or Female

Address _____

T-shirt Size (Circle) : YL YXL AS AM AL AXL AXXL Birth date ____/____/____ Age _____

1st Guardian to contact in Emergency: Name _____ phone _____

2nd Guardian to contact in Emergency: Name _____ phone _____

Does your child have any history of:

____ Diabetes

____ Seizures

____ Hives

____ Frequent headaches

____ Stomach problems

____ Migraines

____ Bed wetting

____ Asthma- (*please indicate below if child will carry inhaler*)

Other health problems or limitations not listed above _____

Please explain if any of the above are checked:

Please list allergies and type of reaction:

Allergic to:	Reaction:

Insurance

Check One	
<input style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>	My Child DOES have medical insurance. I am attaching a copy of BOTH sides of my insurance card. I will assume responsibility for any medical charges not covered by the insurance company. (PLEASE ATTACH A COPY OR send on Parent Square to Amanda Richardson) Subscriber's name _____ Subscriber's DOB _____ Insurance Company _____ Policy # _____
<input style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>	My child has no insurance coverage, but I will assume responsibility for medical charges incurred by my child. Parent Signature: _____ Date: _____

<u>Permissions</u>		YES	NO
Photo Release	I hereby give representatives of Apple Creek Elementary and Moore Public Schools the unqualified right to take pictures of my child while he/she is attending the Apple Creek Elementary Outdoor Education Program at Camp Classen and to place the finished pictures on the Apple Creek Elementary/Moore Schools web site. Photos taken at camp will be posted in a private Google folder for Apple Creek Camp Classen 2026. *If you do not wish to give permission, your child will not be able to be in any pictures taken at camp.	<input style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>	<input style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>
First Aid	I give my permission for Moore Public Schools to administer basic first aid (antiseptic, antibiotic ointment, bandages) to my student if needed for minor cuts and scrapes.	<input style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>	<input style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>
Ropes Course	My child may participate in horseback riding (helmets are required and provided by camp)	<input style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>	<input style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>
Kayaking	My child may participate in kayaking (lifejackets are required and provided by camp, as well as a lifeguard)	<input style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>	<input style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>
Parent Signature: _____ Date _____			

Parent Agreement

My child has permission to attend outdoor school Nov. 17-20, 2026. I understand that students will be in the outdoors and participating in physical activities throughout the day. An adult will supervise my student at all times. Information about my child's medical condition and/or medications may be shared with the adults on an as-needed basis (Apple Creek employees and cabin parents) who will be caring for him/her. In case of medical emergency, I understand I will be contacted as soon as possible. I give permission for Moore Public Schools/Apple Creek Staff to transport my child to a hospital or medical office if necessary to secure emergency medical care. I understand that if my child begins running a fever or vomiting, I will be contacted and need to pick them up from camp.

*Signature of Parent/Guardian:*_____ *Date*_____

Student Agreement

I understand that my participation in the Outdoor School Environmental Program depends upon:

1. My active participation in all activities.
2. My responsibility for all duties assigned me.
3. My following all Outdoor School rules and expectations.
4. My respectfulness toward peers, sponsors, staff, and nature.

I understand that failure to assume these responsibilities may result in loss of privileges or in being sent home at my parents' expense.

*Student's Signature*_____ *Date*_____

*Parent/Guardian Signature*_____ *Date*_____

MEDICATION

- If you are sending ANY medication (prescription and/or over-the-counter) to camp, we MUST have one *Medication Consent Form* for EACH medication signed by the physician and the parent.
- All prescription medications **MUST** be in the prescription bottle with the pharmacy label that states: Physician's name, the name of the medication, and the directions for the administration of the medication to the student.
- Non-prescription medicines **MUST** be in the original container.
- All medication must be dropped off with a teacher when you drop off your child for camp. Students are NOT allowed to have medication on them.
- Students with an inhaler may carry it with them IF it is indicated on the medication form.

Medication Information (if applicable)

Please list any medication that will be sent to camp.

MUST HAVE MEDICATION FORM FOR EACH ONE SIGNED BY A PHYSICIAN

Student name:

Medication	Dosage	Time to be Given <i>(at a mealtime, specific time, or bedtime, etc., or as needed)</i>

CAMP CLAS\$EN 2026

Student Packet to TURN IN

DUE BY: OCTOBER 5th, 2026

Student Name _____

Please use the following checklist to ensure each portion is complete before turning in.

Checklist

I have completed:

- ☐ Emergency/ Health Information
- ☐ Parent Agreement
- ☐ Student Agreement
- ☐ Insurance Information
- ☐ I have attached a copy of Insurance card or emailed it
- ☐ Permissions
- ☐ Online YMCA waiver
- ☐ Medication Information (if applicable)
- ☐ Medication form for EACH medication signed by a
PHYSICIAN (if applicable)