

FAITH BIBLE CAMP

2022 Camp

July 18th-22nd

Survivor

Jeremiah 29:11-14 (NKJV)

11 For I know the thoughts that I think toward you, says the LORD, thoughts of peace and not of evil, to give you a future and a hope. 12 Then you will call upon Me and go and pray to Me, and I will listen to you. 13 And you will seek Me and find Me, when you search for Me with all your heart. 14 I will be found by you, says the LORD, and I will bring you back from your captivity; I will gather you from all the nations and from all the places where I have driven you, says the LORD, and I will bring you to the place from which I cause you to be carried away captive.

Faith Bible Camp Invites you to.....
FAITH BIBLE CAMP
2022 Camp
July 18th - 22nd

Enjoy a week of fun and fellowship. Come experience God

We here at the Faith Bible Camp would like to invite you all to join us in July as we encounter God and ask questions of Him. This will be a fun-filled week. We will begin with arrival Monday morning at 10 A.M. and continue through Friday morning. We ask that all campers be picked up on Friday by 10 A.M.

Our days will be filled with Bible classes, crafts, and good old fashioned fun. We invite families to participate but insist that no child under 8 years old attend without being accompanied by an adult. We provide fun for all ages. We only ask that you come with an open heart and a willingness to participate.

The cost of camp this year is \$75.00. This includes the price of the canteen. No extra money is needed unless you wish to purchase a camp t-shirt.

Some items you will need to bring are the following: toiletries, Bible, jacket, extra shoes, bug repellent, bedding, clothes you can get dirty, towels, modest swim wear (one piece or shirt to go over it), flashlight, lots of energy.

We require that all clothing worn be modest and appropriate for a Christian camp. If we feel what you are wearing is not appropriate you will be asked to change. No short shorts, halter tops, tubes...

All medicines brought to camp, whether prescription or over the counter must be given to the camp nurse upon arrival to camp. All medicines including Tylenol will be dispensed by the camp nurse. If your child is prone to sinus problems or stomach aches, please send what you would like them to be given in these instances. They will only be used for your child. If your child is allergic to any foods, please state so on your medical information forms.

We look forward to seeing you all here at Faith Bible Camp.

CALL: Al Harmon 309-286-4611

You may also email the forms to pastor@toulonbaptist.com

Please mail forms to:

Albert Harmon

PO Box 636

Toulon, IL 61483

You may text if you are coming and bring forms the day of but DO NOT mail them to the camp address.

Address only for mailing letters to kids or getting to the physical location:

Faith Bible Camp

11899 Faith Bible Camp Road

Bradford, IL 61421

CONSENT FORM

I hereby give my approval for my child’s participation in any and all activities prepared by Faith Bible Camp and First Baptist Church Toulon during the selected camp. In exchange for the acceptance of said child’s participation by Faith Bible Camp and First Baptist Church Toulon, I assume all risks and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Faith Bible Camp and First Baptist Church Toulon and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of participating in all camp activities.

In case of injury to said child, I hereby waive all claims against Faith Bible Camp and First Baptist Church Toulon including all counselors and affiliates, all participants, sponsoring agencies, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all recreational activities.

Medical Release and Authorization for Treatment in Absence of Parent/Guardian

As Parent and/or Guardian of the named camper, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor’s life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named camper. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the Faith Bible Camp and First Baptist Church Toulon and its affiliates including Directors, and counselors to provide the needed emergency treatment prior to the child’s admission to the medical facility.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Children’s Name(s)

Signature of Legal Guardian/Parent _____ Date _____

Contact phone _____

Emergency phone _____

Medical Information

Child's Name _____

Date of last tetanus _____ Immunizations up to Date? Yes No

Allergies _____

Medications _____

Medical History _____

Chronic Illnesses _____

Full name & address of Primary Physician _____

Phone number of Primary Physician _____

Pre-Registration

Please complete one form per each child and do not put two children's information on the same form. If you have a child(ren) under age 18, please be sure to complete a medical information form for each child as well. (One child per form please.)

Child's Name _____ Male ___ Female ___

Address _____

Contact Phone _____

Emergency Phone _____

Grade Entering This Fall _____ Birthday ___ / ___ / ___ Age _____

I consent for _____ to attend Faith Bible Camp from July 18th-22nd.

Signature of Legal Guardian/Parent _____ Date ___ / ___ / ___

Consent for Administration of Over-the-counter Medication

It often arises that campers will suffer common ailments while at camp such as headaches, stomach-aches or common colds. We need to know what medications, if any, you prefer and the amounts to be taken. If you don't wish for your child to be given anything, please check the line that states "call me" and sign your name.

If my child has a headache, I give _____ Dose _____

If my child has a stomach-ache, I give _____ Dose _____

If my child has a cold, I give _____ Dose _____

Comments _____

___ Check here if you don't want medications administered but would like to be called first.

___ Check here if you will be attending camp and would like to administer meds yourself.

Signature of Legal Guardian/Parent

_____ Date ___ / ___ / ___

Camp Schedule

7:00 A.M. WAKE UP

8:00 A.M. FLAG RAISING & BREAKFAST

9:00 A.M. CLEANUP- DEVOTION

9:30 A.M. SONGS

10:00 A.M. CLASS

11:00 A.M. CRAFT 2ND CLASS

12:00 P.M. LUNCH

1:00 P.M. BOYS SWIM - GIRL CANTEEN AND ACTIVITIES

2:30 P.M. GIRLS SWIM - BOYS CANTEEN AND ACTIVITIES

4:00 P.M. GROUP ACTIVITIES

6:00 P.M. SUPPER

7:15 SERVICES

CANTEEN AFTER SERVICES

9:00 P.M. CAMPFIRE THEN CABIN DEVOTION

10:00 P.M. LIGHTS OUT