

SWOK Camp Permission Slip

Southwest Oklahoma District NYI

What: SWOK NYI Youth Camp
When: June 15-19
Where: Salyer Lake – 24132 OK-152, Minco, OK 73059
Who: Students grades 7-12

APPROVAL OF PARENTS AND GUARDIANS WAIVER OF CLAIM:

I hereby understand that the events may include potentially dangerous activities such as traveling in church vehicles, running, swimming, working outdoors, encountering insects or rodents, boating, canoeing, team sports, or individual competitions, eating interesting things, indoor and outdoor games that require mildly good health, and any of these could cause mild to fatal injury. I give my permission for _____ (a minor) to participate in the event and activities included. I, the parent/guardian of _____ (a minor), do hereby release and will hold the Southwest Oklahoma District NYI or any of its pastors or representatives harmless of any and all liability and claims resulting from any sickness, injury, loss, or accident that might occur to said minor while participating in the activities affiliated with the church. I/We also will not hold liable the above-mentioned affiliates for the loss or damage of property of _____ (a minor) during the time for this activity.

Parent/Guardian's Signature _____ Date _____

Address _____

Parent/Guardian Phone #1 _____

Parent/Guardian Phone #2 _____

Alternative Guardian _____

Alternative Guardian Phone # _____

SWOK NYI Youth Camp at Salyer Lake

Consent to Participate, Medical Release, Waiver of Liability Form

Name: _____

Date of birth: _____ Emergency Phone #: _____

Names of Parents/Guardians: _____

Allergies/Special dietary instructions: _____

To Whom It May Concern:

I/We, the parent(s)/guardian(s) of _____ (a minor), do hereby give permission for my/our child named above to attend and participate in the activities that are associated with SWOK NYI Youth Camp at Salyer Lake. I/We do hereby release and will hold SWOK NYI, Salyer Lake, SWOK Churches of the Nazarene, or any connected affiliate harmless of any and all liability and claims resulting from any sickness, injury, loss, or accident that might occur to said minor while participating in the activities affiliated with the event during the designated year. I/We also recognize that _____ (a minor) will be staying in the designated cabin/dorm of the sex on the student's birth certificate.

This release shall also constitute authority to the event director or sponsors to give consent for any doctor, nurse and/or hospital to administer medical aid and treatment for the minor if an accident is sustained or emergency exists. This includes any X-ray examination, anesthetic, surgical or dental diagnosis or treatment and hospital care.

Parent/Guardian Signature: _____

Date: _____

SWOK Youth Camp

Camper Medication Form

Please follow the three steps below to ensure your camper receives their medications safely and correctly while at camp.

Step 1 - List Medications

List all medications your camper will take during Youth Camp. Mark when the medication is normally taken at home. Normally, at camp, medications are given at breakfast, lunch, dinner, and/or bedtime. If the Medication is time-sensitive please let us know.

Step 2 - Labeling & Packaging Instructions

All medications should be in the original pharmacy or manufacturer's containers. -
Prescription bottles must list the camper's name as the recipient.
Send only the number of doses needed for camp + 1 extra.

Step 3 - Sign & Send

Place this completed form and all medications in a resealable Ziploc bag. Give the bag to your youth leader at your church. By signing below, you acknowledge that you have read and understood the instructions, and you give permission to the SWOK Youth Camp Nurse to administer the medications as directed.

Camper Name: _____

Cabin #: _____ (Office Use Only)

Medication Allergies: _____

| Medication | B | L | D | Bedtime | Request | Special Instruction |
|------------|---|---|---|---------|---------|---------------------|
|------------|---|---|---|---------|---------|---------------------|

Parent/Guardian Signature: _____ Date: _____

Key B = Breakfast | L = Lunch | D = Dinner | BED = Bedtime | REQUEST = Only if Camper asks

Note: Helpful if medications are in their original labeled containers.

PACKING LIST CAMP 2025

- Clothes for 4 days of outdoor activities
- PJs
- Swimsuit
- Towel- Shower and Swimming
- Bedding- They are bunk beds so you can bring sheets or just a pillow and a sleeping bag
- Shoes for walking/ running
- Shower/Lake shoes
- Sunscreen
- Bug Spray
- Toiletries- Shampoo, Soap, DEODORANT, please
- Bible/Journal
- Bag to carry things up and down hill
- Water Bottle
- **THEME NIGHT Clothes:**
 - **Sunday – Jersey Night:** Wear your favorite team's gear (drip encouraged!)
 - **Monday – Western Night:** Giddy up, partner! Break out your cowboy hats, boots, and flannel.
 - **Tuesday – Neon Night:** Shine bright in your boldest neon colors!
 - **Wednesday – 60s “Nazagroove” Night:** Bellbottoms, tie-dye, peace signs, and groovy vibes.
 - **Thursday – Camp Shirt Day:** Everyone will wear their official camp t-shirt!
- Daily Medication- IT WILL BE TURNED INTO THE NURSE
- Snacks
- Snack Shack Money (OPTIONAL) - CASH ONLY
- We encourage phones to be left at home. Sponsors will have their phones in case of emergencies