

# **Health Policy**

GOOGLE DRIVE DOCUMENTS for 2026

## **MEDICATIONS** (Hardcopy only)

**Medication Form for 2026. All campers that bring medications to camp must complete and bring a hard copy of this form with their medications.** Please do not send a hand-written note, use the form. Church leaders, we also suggest you pack a plastic shoe box (or larger if needed) sized tub to keep your church's medications in and label it clearly with your church name.

## **TEMPERATURES** (Log in Google Drive)

**We are requiring temperature checks for every camper and leader that is attending camp.** These temperatures must be taken on July 5, 8, 12 and before arriving at camp. Everyone's temperature will be taken again once they arrive at camp. Please inform your parents and leaders that everyone must be temperature free for 24 hours before they arrive or they will be sent home immediately.

## **WELLNESS QUESTION** (Log in Google Drive)

**We ask every camper and leader if they or anyone in their family has tested positive for COVID, FLU or experienced vomiting or diarrhea in the last 5-7 days before arriving at camp.** If they answer yes, they will need to contact our camp registrar or directors immediately. All camp participants must be fever or vomit free for 24 hours before attending camp.

## **LICE** (Log in Google Drive and or Hardcopy)

If you choose to use the hardcopy lice form, you must have 1 completed form per person that is coming to camp. This includes: campers and ALL sponsors/leaders.

**West Texas Kids Camp will no longer guarantee treatment for children infected with lice.**

Mild case (a few nits) - possibly treat but contact parents first - cost = \$35 each

Severe case (head full of nits or eggs/live bugs) - sent home.

\*Special Note: Can be invited back once they show proof that they are lice free / WTX Kids Camp Staff determines if they are lice free.

**Lice checks must be performed the day before or the first day of camp - July 12 or 13.**

We suggest that church leaders provide a medical/school professional to check each child instead of asking parents to check individually. The person checking for lice will be required to sign/initial this form along with the child's parent. With this signature, the parent is accepting financial responsibility for any lice problems their camper experiences while at camp. Churches, you will be expected to pay a \$35 fee for any of your campers that we are able to treat. WTX Kids Camp will require churches to pay for any lice treatment expenses before they leave camp.

If you have any questions about this policy, please contact Jennifer Sommers at 817.919.8078 or [jsommers@gen-church.org](mailto:jsommers@gen-church.org)

# **Lice Form**

One form per camper.

## **Church Leader's complete this section:**

Camper's Name \_\_\_\_\_

Church Leader & Church Attending with: \_\_\_\_\_

Today's Date - \_\_\_\_\_ (must be completed on July 12 or 13, 2026)

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## **Person who checked this camper completes this section:**

Person who checked this camper \_\_\_\_\_

Date this camper was checked - \_\_\_\_\_

I, \_\_\_\_\_ (person checking for lice), have completed the above requirement and state that this camper is lice free to the best of my knowledge. I can be reached at this phone number: Cell \_\_\_\_\_

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## **Parent/Guardian's completes this section:**

I, \_\_\_\_\_ (parent of camper listed above), accept full financial expenditures that may occur as a result of lice being found on my camper. In signing this form, I understand that if my camper is found with a mild case of lice (a few nits) that I will be called to give my permission to treat my child, if the camp staff is able. In signing this form, I understand that if my camper is found with a major or severe case of lice (live bugs or head full of nits/eggs) or if the camp staff is unable to treat a mild case, I will be called to come and pick up my camper. I also understand that my camper is welcome to return to camp once they are lice free. In signing this form, I accept that the camp staff and nurses will make the final decision if my camper is lice free. **Cost will be \$35 per camper** that will need to be paid to the church my camper attends camp with.

I fully understand and agree to the above requirements.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_