

FAITH BIBLE CAMP'S 2026 Camp
July 6th - 10th

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

12:00 P.M. LUNCH

2:00 P.M. SWIM AND ACTIVITIES

3:30 P.M. 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

**First Baptist Church
Invites you to
FAITH BIBLE CAMP's 2026 Camp
July 6th - 10th**

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 His Son Jesus Christ. This will be a fun filled week. We will begin with arrival Monday morning at 10:00 A.M. - 11:30 A.M. 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 \$100.00. This includes the price of 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 spray, bedding, clothes you can get dirty, towels, modest swimwear (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:309-312-1030

If possible text and I will return your call as time allows. You may also email the forms to pastor@toulonbaptist.com

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. Permission is also given to include child’s picture in camp promotional material or on Facebook.com. 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.

Child’s Name _____ Male ___ Female___ Paid Y N
Grade Entering This Fall _____ Birthday ___ / ___ / ___ Age _____

Child’s Name _____ Male ___ Female___ Paid Y N
Grade Entering This Fall _____ Birthday ___ / ___ / ___ Age _____

Child’s Name _____ Male ___ Female___ Paid Y N
Grade Entering This Fall _____ Birthday ___ / ___ / ___ Age _____

Child’s Name _____ Male ___ Female___ Paid Y N
Grade Entering This Fall _____ Birthday ___ / ___ / ___ Age _____

Signature of Legal Guardian/Parent _____ Date _____

Contact phone _____

Emergency phone _____

Special Medical Information (If Needed)

Child's Name _____ Male ___ Female ___ Paid Y N

Contact Phone _____

Emergency Phone _____

Date of last tetanus _____ Are immunizations up to Date? Yes No

Allergies _____

Medications _____

Medical History _____

Chronic Illnesses _____

Full name & address of Primary
Physician _____

Phone number of Primary
Physician _____

Consent for Administration of Over-the-counter Medication

It often arises that camper 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 _____

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

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.