

## WELCOME TO MOMS, POPS & TOTS!



Check-in at Magruder will be Thursday afternoon August 27<sup>th</sup>  
Please let the camp know if you plan to arrive later than 5pm so they know not to expect you for dinner. Checkout will be Sunday afternoon after lunch and clean-up.

Please mail in a completed, signed Health Forms for each person in your family to the camp at least 10 days before your arrival. If anyone in your family has special dietary needs, please turn in your forms early. An envelope has been enclosed for your convenience. If there are any changes in health status, you can let the health care provider know about these changes when you arrive.

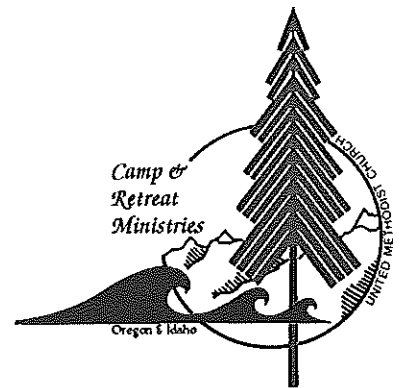
- ❖ You will find a List of Things to Bring on the back of this letter. Keep in mind this is only a general camp list and you will need to adjust the list to meet your own special needs.
- ❖ On the back of the Map you will find the Policies for our camping program. Please read them carefully and contact the camping office if you have any questions.

Camper names and addresses may be shared with other campers so they can correspond after camp. Photographs that may include campers may be used for promotional purposes unless the camp director is instructed otherwise..

Check out our website [www.gocamping.org](http://www.gocamping.org) for information on all of the events offered this summer and year round.

*Do not send payments to Magruder with the health form.*

The address for Camp Magruder is:  
17450 Old Pacific Highway,  
Rockaway, OR 97136  
Phone: (503) 355-2310  
Fax: (503) 355-8701  
Email: [program@campmagruder.org](mailto:program@campmagruder.org)



# What to bring to Camp Magruder

*\* Items are optional*

## CLOTHING:

- ❖ Several Changes of Clothing – *Layers work best as the temperature may vary throughout the day.*
- ❖ Comfortable walking shoes or sneakers *(at least two pairs)*
- ❖ Light Jacket or Sweater
- ❖ Swimsuit
- ❖ Heavier Jacket for evenings and beach walks – *Something Waterproof!*

## BEDDING:

- ❖ Sleeping Bag
- ❖ Pillow

## TOILETRY ITEMS:

- ❖ Towel & wash cloth
- ❖ Toilet articles such as: soap, toothbrush, shampoo etc.

## OTHER:

- ❖ Flashlight
- ❖ Sunscreen *(even the coast gets sunny!)*
- ❖ Notebook & pen or pencil
- ❖ Water bottle for use around camp or on hikes
- ❖ \*Camera
- ❖ \*Day pack/fanny pack
- ❖ All medications must be in original bottles or packaging. *(Please keep them where you can easily get them out for registering upon arrival at camp.)*

**Camp Store** *(selling camp t-shirts, sweatshirts etc.)* is open during check-in & pickup times. All proceeds go to help support the camp ministry including the Joy Fund to help campers who need financial assistance.

***Camping is a way of life! Don't bring electronic devices, iPods, MP3 players or hand held games to camp. In children & youth camps, cell phones will be collected and returned at the end of camp.***

# Health History Form for Adults Attending Camps or Retreats

Camp & Retreat Ministries, Oregon & Idaho

This form should be sent in to the camp at least one week prior to your arrival so that the camp staff can be aware of your needs. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp.

Dates of Camp Attendance \_\_\_\_\_

Mail this form to the address below by \_\_\_\_\_ (date)

**Camp Magruder**  
**17450 Old Pacific Highway**  
**Rockaway, OR 97136**

## PERSONAL INFORMATION:

Name \_\_\_\_\_  
Last First Middle Inlt.

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Daytime Phone (if different) (\_\_\_\_) \_\_\_\_\_

Gender: (circle one) **Male** Female

Birthdate \_\_\_\_\_

Email Address: \_\_\_\_\_

## EMERGENCY CONTACT:

Whom should we notify in case of a medical emergency?

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work/Other phone \_\_\_\_\_

## HEALTH CONDITIONS:

Any known allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

Allergies to medications: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

List any dietary restrictions: \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Blood Type \_\_\_\_\_ (if known)

Do you have a health condition (e.g. allergies, chronic conditions) or special circumstances which may affect program participation, special housing need, or anything we ought to know prior to emergency treatment? **Yes No**

If yes, please explain: \_\_\_\_\_

## MEDICATIONS BEING TAKEN:

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Med#1 \_\_\_\_\_ Dosage \_\_\_\_\_ Schedule \_\_\_\_\_

Med#2 \_\_\_\_\_ Dosage \_\_\_\_\_ Schedule \_\_\_\_\_

Med#3 \_\_\_\_\_ Dosage \_\_\_\_\_ Schedule \_\_\_\_\_

Attach additional pages for more medications.

## PHYSICIAN:

Name of family physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

## PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

In signing this form I hereby certify that this information is correct. In case of medical emergency I understand that every effort will be made to contact the emergency contact listed above. In the event they cannot be reached I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment including hospitalization and to provide or arrange necessary related transportation for me. I agree to the release of any records necessary for insurance purposes.

Signature of Adult camper/staff \_\_\_\_\_ Date \_\_\_\_\_

**Health History Form  
Children/Youth Campers  
Camp & Retreat Ministries**

Dates of Camp Attendance \_\_\_\_\_  
Name of Camp or Event \_\_\_\_\_

This completed form (front & back) should be sent in to the camp at least 10 days prior to your arrival so that the camp staff can be aware of your needs. Attach additional pages if needed. Any changes to this form should be provided to camp health personnel *in writing* upon participant's arrival in camp.

Mail this form to the address below at least 10 days before camp starts:  
**Camp Magruder  
17450 Old Pacific Hwy  
Rockaway, OR 97136**

**Camper's Name** \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle Init.  
Address \_\_\_\_\_ Gender: (circle one) **Male** **Female**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) Work/Other phone ( \_\_\_\_\_ )  
Address *(if different)* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If parent not available in emergency, notify: \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( \_\_\_\_\_ )  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

**Does camper have any known allergies?** \_\_\_ Yes \_\_\_ No  
Allergies to medications: \_\_\_\_\_  
Food allergies: \_\_\_\_\_  
Other Allergies: \_\_\_\_\_

**List any dietary restrictions:** \_\_\_\_\_

**Health History:** *(Check any that apply)*  
\_\_\_\_ Epilepsy or seizures      \_\_\_\_ Frequent ear infections      \_\_\_\_ Menstrual problems      \_\_\_\_ Asthma  
\_\_\_\_ Frequent sore throats      \_\_\_\_ Headaches      \_\_\_\_ Bed-wetting      \_\_\_\_ Heart disease  
\_\_\_\_ Back pain or strain      \_\_\_\_ Alcohol/drug addiction      \_\_\_\_ Attention Deficit Disorder      \_\_\_\_ Diabetes  
Other: \_\_\_\_\_

Pertinent past medical treatment: \_\_\_\_\_

**Is camper presently taking or using any type of medication(s) or drug(s)?** \_\_\_ Yes \_\_\_ No  
*If yes, Specify and complete med report on reverse side.* \_\_\_\_\_

**Is the camper current on all immunizations needed for school?** \_\_\_ Yes \_\_\_ No  
Date of Last Tetanus shot: \_\_\_\_\_ Blood Type \_\_\_\_\_

**Does the camper have a health condition (e.g. allergies, chronic conditions) or special circumstances which may affect program participation, special housing need, or anything we ought to know prior to emergency treatment?** \_\_\_ Yes \_\_\_ No  
*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Medical Insurance:** \_\_\_ Yes \_\_\_ No Name of Insured: \_\_\_\_\_  
Carrier: \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of family physician \_\_\_\_\_ Phone ( \_\_\_\_\_ )

**Parent/Guardian Authorization:**  
My child has permission to take part in all camp activities under supervision unless limitations are noted above, and I agree that the camp or camp personnel will not be held responsible for accidents arising there from. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed health form may be photocopied for trips out of camp.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please complete the other side of this form.*

## Permission to Administer Medications

*Camp & Retreat Ministries*

*Camp Latgawa, Camp Magruder, Sawtooth Camp, Suttle Lake Camp & Wallowa Lake Camp*

I, the parent or guardian of \_\_\_\_\_ give my permission to the camp Health Care Provider or his/her designate to give the following medications (or their generic equivalents) to my child, in accordance with recommended package dosing for the specific indications below. These medications are available at camps and need not be brought by participants.

	Yes	No		Yes	No
<b>Tylenol:</b> <i>Mild fever or discomforts</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Benadryl:</b> <i>Allergy symptoms</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ibuprofen:</b> <i>Mild fever or discomforts</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Sudafed:</b> <i>Allergy symptoms</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Throat Lozenges:</b> <i>Cough/sore throat</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Antacid:</b> <i>Upset stomach</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Topical Creams:</b> <i>Itching, sunburn, or insect bites</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Anti-diarrheal:</b> <i>For diarrhea</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Permission to follow recommendations by Oregon Poison Control or Idaho Poison Control.</b>	<input type="checkbox"/>	<input type="checkbox"/>			

**Signature of parent/guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.*

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

*Attach additional page for more medications.*

**All medications brought to camp must be in the original containers.**

NOTE: The camp personnel will notify you if your child displays the following symptoms:

- Any illness that persists longer than 24 hours; including fevers, coughs, excess expulsion of bodily fluids, allergic reactions, severe tiredness.
- Any injury that causes severe prolonged pain, discolorization and/or swelling.
- Any condition that cannot be sufficiently treated by camp personnel.
- Any condition requiring transport to other medical services.

**Upon camper check-in:**

Health History Form Verified \_\_\_\_\_ by \_\_\_\_\_  
Date Initials

Health History Form Updated \_\_\_\_\_ by \_\_\_\_\_  
Date Initials



# CAMP & RETREAT POLICIES

*These policies have been found through many years of experience to be important for good camping.*

## 1. TO CAMP AND HOME

- ❖ Campers should plan to arrive and depart at the scheduled times. (See the letter about your specific event.) Staff is not available to care for campers before or after camp.
- ❖ Authorization of release of campers: Parents will be asked upon arrival at camp who is authorized to pick up their child at the end of the week.
- ❖ Visitors are asked to visit only at camp opening and closing.
- ❖ Telephone contact between campers and their parents or guardians will be confined to emergency situations.
- ❖ Licensed, insured drivers under age 18 may drive themselves if they have their parent's permission, but are not allowed to have any passengers. For drivers under age 18, keys are collected and returned at the end of the event.
- ❖ Campers love to receive letters. Mail them **early** to arrive mid-week. Food items are discouraged as these attract unwanted visits from local wildlife. If you choose to send a package, consider items that can be shared or used by others: this will help promote unity in the cabin.
- ❖ Camper names and addresses may be shared with other campers unless the camp director is instructed otherwise.
- ❖ Photographs that may include your child may be used for promotional purposes such as printed catalogs, flyers or camp websites unless the camp director is instructed otherwise.

## 2. HEALTH

- ❖ A completed camper health form is required for all campers. Parent or legal guardian must sign health forms for campers under age 18. This form gives our staff information about health history, allergies, special diets, medicines brought with the camper, and other information that will be helpful in properly caring for the camper. **THIS COMPLETED AND SIGNED FORM IS REQUIRED OF ALL CAMPERS**
- ❖ Medical or behavioral information about your child will be shared only with other staff if it is determined by the director or medical staff that it is necessary to help the staff person better work with your child.
- ❖ All prescription **OR** non-prescription medications must be brought in their original bottles or packaging. For child & youth events, the Camp Health Care Provider is to have custody of all medication brought into camp by campers.
- ❖ The camp personnel will notify you if your child displays the following symptoms:
  - Any illness that persists longer than 24 hours; including fevers, coughs, excess expulsion of bodily fluids, allergic reactions, severe tiredness.
  - Any injury that causes severe prolonged pain, discolorization and/or swelling.
  - Any condition that cannot be sufficiently treated by camp personnel.
  - Any condition requiring transport to other medical services.
- ❖ The use or possession of alcoholic beverages, non-prescribed drugs (except those placed in custody of camp), depressants, or hallucinogens is prohibited. The use of tobacco is prohibited in the light of fire hazard and health dangers. Smokers are asked to refrain from smoking while at camp.

## 3. USE OF THE SITE

Campers are to stay within the boundaries of the Camp unless accompanied by a staff member.

Swimming and boating are important parts of the program at many camps. They are permitted only when an official lifeguard is on duty, and at times designated by the Camp staff.

Personal sports equipment (skateboards, bikes, archery equipment) should only be brought when specified by the dean of the event.

Fires are to be built only in fireplaces and approved campfire pits.

Campers will help keep the campsite clean and in good condition.

Camping is a way of life! Don't bring radio, tape recorders, CD's, hand held games, television, or pets.

All local and federal laws prohibiting weapons, firearms, fireworks etc. apply in the camp setting.