

BLAST OFF!



We are so excited that you'll be joining us at camp soon! Together we'll explore crafts, the Bible, the lake, nature, campfires, games, tasty meals, and making new friends. This packet has some helpful information as you prepare. If you have questions please feel free to contact us at Suttle Lake: 541-595-6663 or suttle@gocamping.org.

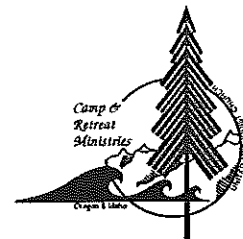
Plan to arrive at Suttle Lake on **Tuesday, August 4th** between **10:30am & 11:30 am**. Plan to pick up your child on **Thursday, August 6th** at **1 pm**.

- ❖ Please mail in the completed, signed **Health Form** to the camp at least 10 days before your arrival. An envelope has been enclosed for your convenience.
- ❖ We want to be your partner in caring for your child. By honestly sharing your camper's needs with us we can better work to provide the best camp experience possible. The **About Me** page allows you and your camper to confidentially share information with the camp that may not be noted on the health form. Please mail in the completed page with the health form to the camp.
- ❖ You will find a **List of Things to Bring** on the back of this letter. Keep in mind this is only a general list. You may need to adjust the list to meet your own special needs.
- ❖ We will be having a **Crazy Dress-Up Night** on Wednesday evening. If your camper would like to participate, please have them bring something fun, to dress up with. Campers will need to be able to walk to and from the dining hall in their costume.
- ❖ Camper Mail: Campers love to receive letters during the week. If you would like your camper to receive a letter at camp, please prepare it ahead of time and give to the Camp Dean at registration. Campers will enjoy delicious desserts and S'Mores during the week. Because of this we ask that you do not send candy with or to your child.
- ❖ We are called to live out our faith in action. This summer campers will be asked to join together in a very tangible act of social justice by **bringing non-perishable food items** to camp with them. These items will be donated to the local community through the Sisters Kiwanis Food Bank.
- ❖ On the back of the **Map** you will find the **Policies** for our camping program

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

If you still owe payment for the camp, the balance is due two weeks before camp starts. If your church is paying part of the fee and they have not already sent the payment in, you will need to let the camp know the amount the church is planning to pay when you check in at the camp. Please contact Geneva Cook in the camping office (1-800-593-7539 ext 43) if you need more information about your registration or payments. Email can be sent to: camping@umoi.org

Do not send payments to Suttle Lake with the health form.
The address for Suttle Lake Camp is: 29551 Suttle Lake Rd,
Sisters, OR 97759 and the phone number is (541) 595-6663
You can also reach them by email at: suttle@gocamping.org



What to bring to Suttle Lake Camp

** items are optional*

CLOTHING:

- ❖ Several Changes of Clothing
(Layers work best as the temperature may vary throughout the day and week.)
- ❖ Outfit for Crazy Dress-Up Night
- ❖ Comfortable walking shoes or athletic shoes
(At least two pairs. Closed toed shoes are best for the terrain found at camp.)
- ❖ Light Jacket or Sweater or Sweatshirts
- ❖ Heavier Jacket for chilly evenings
(Waterproof can be helpful since there are occasional rainstorms.)
- ❖ Brimmed Hat
- ❖ Pajamas/Sleepwear
- ❖ Swimsuit & Towel
- ❖ Shoes that can be worn for water activities
(Aqua socks, old tennis shoes, sandals with straps, but no thongs or flip flops)

BEDDING:

- ❖ Sleeping Bag
- ❖ Pillow

TOILETRY ITEMS:

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

OTHER:

- ❖ A positive attitude
- ❖ Non-Perishable Food Item (to be donated to the local food bank)
- ❖ Notebook & Pen
- ❖ **Flashlight** with extra batteries
- ❖ **Water bottle** for use around camp or on hikes
- ❖ **Sunscreen**
- ❖ *Chapstick
- ❖ *Camera (disposable cameras are recommended)
- ❖ *Day pack/fanny pack
- ❖ All medications must be in **original** bottles or packaging and referenced on the health form.
(Please keep them where you can easily get them out for registering upon arrival at camp.)

BIBLES ARE PROVIDED.

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.

A note about the "Camp Store": Souvenirs and snacks are available at the camp store. The store is open during check-in & pickup time.

Please remember to mail in your "Health Form" and "About Me Page" to camp.

**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:
**Suttle Lake Camp
29551 Suttle Lake Rd
Sisters, OR 97759**

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 _____ *(if known)*

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
Tylenol: <i>Mild fever or discomforts</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen: <i>Mild fever or discomforts</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Throat Lozenges: <i>Cough/sore throat</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Topical Creams: <i>Itching, sunburn, or insect bites</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Benadryl: <i>Allergy symptoms</i>				<input type="checkbox"/>	<input type="checkbox"/>
Antacid: <i>Upset stomach</i>				<input type="checkbox"/>	<input type="checkbox"/>
Anti-diarrheal: <i>For diarrhea</i>				<input type="checkbox"/>	<input type="checkbox"/>
Permission to follow recommendations by Oregon Poison Control or Idaho Poison Control.	<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

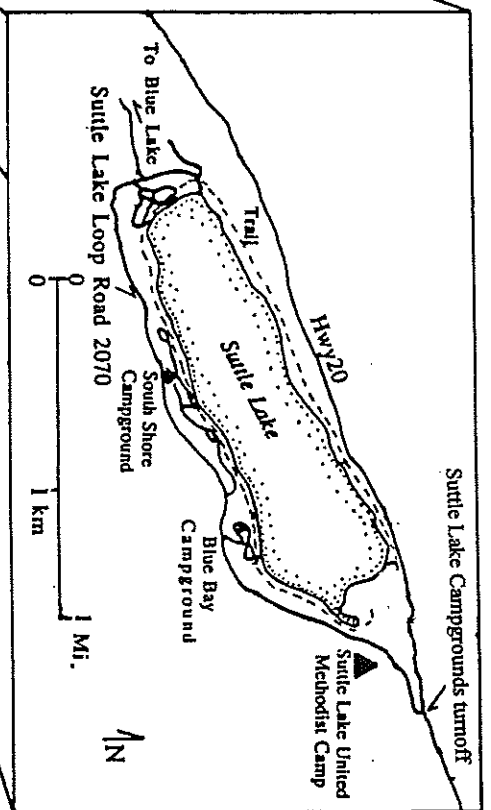
Health History Form Updated _____ by _____
Date Initials

FINDING SUTTLE LAKE UNITED METHODIST CAMP

29551 SW Suttle Lake Rd., Sisters, Oregon 97759
(541) 595-6663

Southbound on Interstate 5:
Take exit 253 at Salem east onto Highway 22. Proceed eighty-three miles through Detroit to the junction with Highway 126/20. Merge left. Continue thirteen miles east to the Suttle Lake Campgrounds turnoff. At Suttle Lake proceed south onto Suttle Lake Loop Road 2070. The Suttle Lake United Methodist Camp parking lot will be on your left 0.3 miles from the highway.

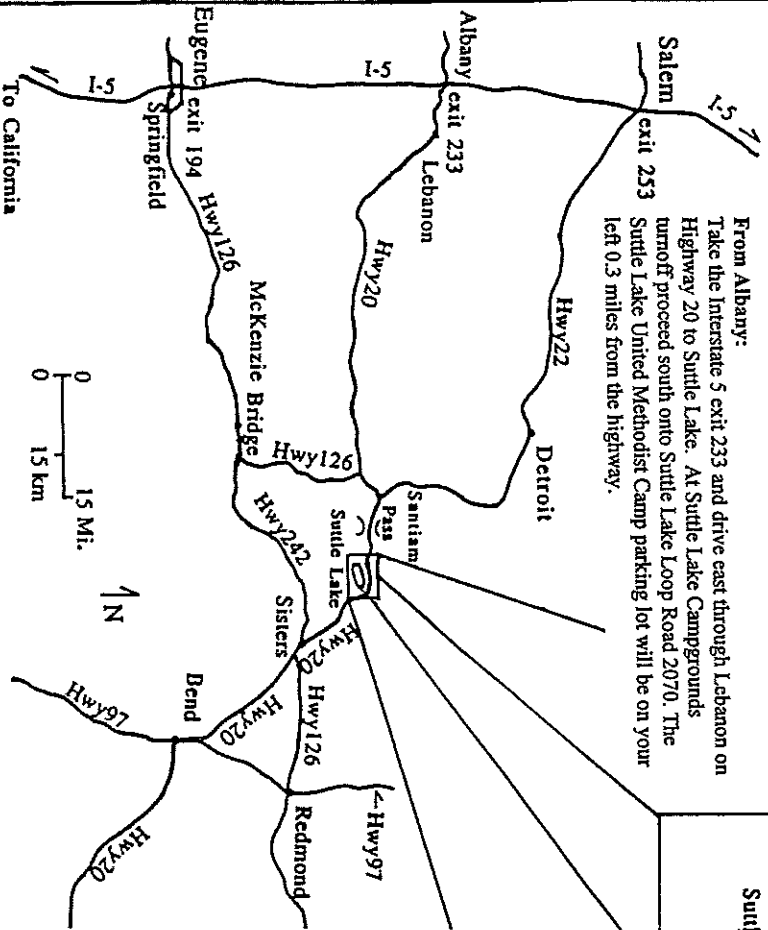
From Albany:
Take the Interstate 5 exit 233 and drive east through Lebanon on Highway 20 to Suttle Lake. At Suttle Lake Campgrounds turnoff proceed south onto Suttle Lake Loop Road 2070. The Suttle Lake United Methodist Camp parking lot will be on your left 0.3 miles from the highway.



Southbound on Highway 97:
From Redmond travel twenty miles west on Highway 126 to Sisters. From Sisters, continue northwest on Highway 126/20 thirteen miles to the Suttle Lake Campgrounds turnoff. At Suttle Lake proceed south onto Suttle Lake Loop Road 2070. The Suttle Lake United Methodist Camp parking lot will be on your left 0.3 miles from the highway.

Northbound on Interstate 5:
Take exit 194A, Highway 126 East, the McKenzie River Highway and proceed eighty-nine miles passing the McKenzie Bridge and the junction of Highway 20 and Highway 22. Travel north on Highway 126/20. Keep to the right at the junction of Highway 20 and proceed east to the Suttle Lake Campgrounds turnoff. At Suttle Lake proceed south onto Suttle Lake Loop Road 2070. The Suttle Lake United Methodist Camp parking lot will be on your left 0.3 miles from the highway.

Northbound on Highway 97:
From Bend, travel twenty-one miles northwest on Highway 20 to Sisters, from Sisters proceed north on Highway 126/20 for thirteen miles to the Suttle Lake Campgrounds turnoff. At Suttle Lake proceed south onto Suttle Lake Loop Road 2070. The Suttle Lake United Methodist Camp parking lot will be on your left 0.3 miles from the highway.



Sources: USGS Black Butte, 1:24,000, 1988
USFS Deschutes National Forest, 1988
ODOT State Highway Map, 1993

Eddie Kahl, 1993

Neither The United Methodist Church, nor the University of Oregon nor any of their employees, officers, agents, or students warrant the accuracy or completeness of this map or the accompanying directions.

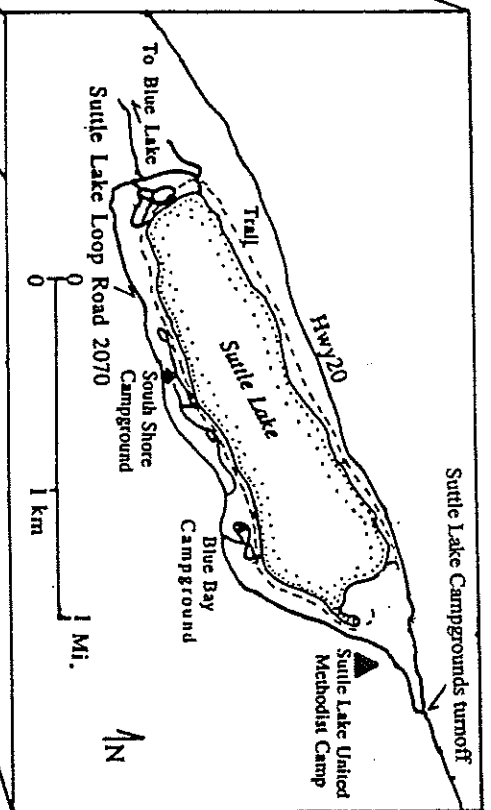
Map courtesy Department of Geography,
University of Oregon, 1994.

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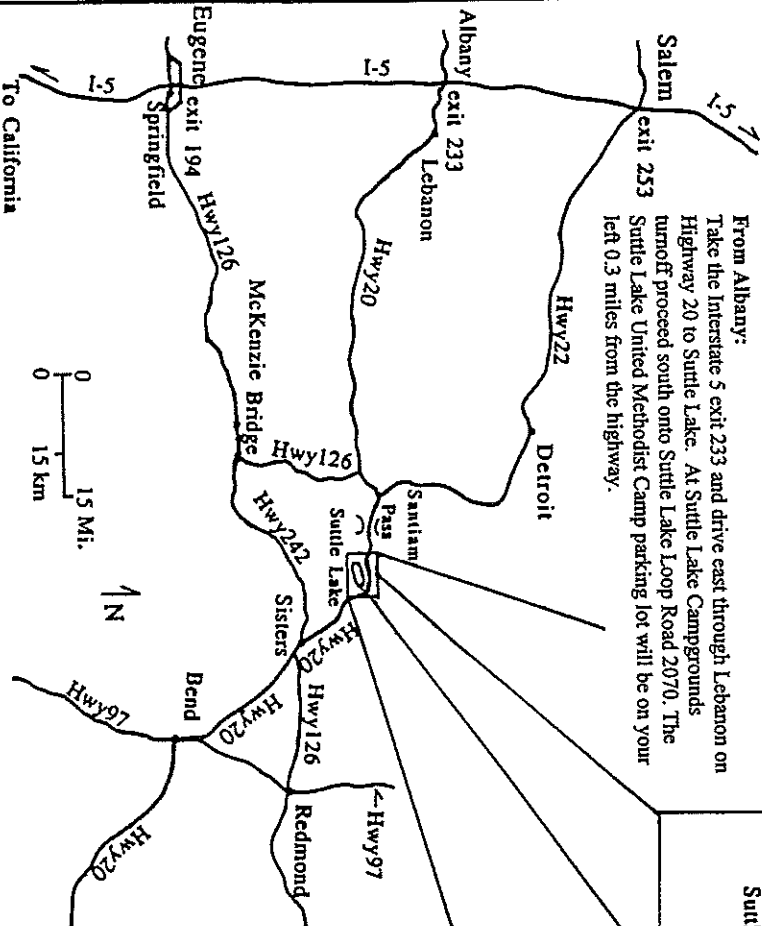
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