



Welcome to Middle School Adventure Camp

Many adventures await at camp. Together we'll be trying mountain biking, white water rafting, rock climbing and more. Together will be making new friends, learning about God, and exploring our faith as we explore adventures together. Glad you'll be apart of camp! 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 **Sunday, July 26th** between **3pm** and **4pm**. Plan to pick up your child on **Saturday, August 1st** at **10 am**.

- ❖ 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.
- ❖ You will find a **List of Things to Bring** in this letter. Keep in mind this is only a general list. You may need to adjust the list to meet your own special needs. Please note there are some items specific to Middle School Adventure Camp that you'll want to pack.
- ❖ 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. This is one of many ways to be a part of the Bishop's Initiative to Eliminate Hunger, read more at www.umoi.net.
- ❖ 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



Check out our website at www.gocamping.org

What to bring to Suttle Lake Camp

* *items are optional, items marked in blue are specific to Middle School Adventure Camp*

CLOTHING:

- ❖ Several Changes of Clothing
(*Layers work best as the temperature may vary throughout the day and week.*)
- ❖ Comfortable walking shoes or athletic shoes
(*At least two pairs. Closed toed shoes are best for the terrain found at camp and our adventures.*)
- ❖ Quick drying thermal layers (non cotton), including light weight jacket and rain pants, to wear while rafting (fleece, poly-propylene, nylon, etc.)
- ❖ Swimsuit & Towel (A one-piece suit is recommended for girls. You might want two towels.)
- ❖ Closed-toe Shoes that can be worn for water activities - *an essential for rafting*
(*Aqua socks, old tennis shoes, sandals with no exposed toes, NO FLIP FLOPS*)
- ❖ Light Jacket or Sweater or Sweatshirts
- ❖ A water-proof and/or wind-proof jacket (*A cheap emergency poncho will work wonderfully.*)
- ❖ Brimmed Hat
- ❖ Pajamas/Sleepwear

BEDDING & TOILETRY ITEMS:

- ❖ Sleeping Bag
- ❖ Pillow
- ❖ Towel & Wash cloth
- ❖ Toilet articles such as: soap, toothbrush, shampoo etc.
- ❖ *A way to hold back long hair

OTHER:

- ❖ A positive attitude
- ❖ Non-Perishable Food Item (*to be donated to the local food bank*)
- ❖ Notebook & Pen/Pencil
- ❖ **Flashlight** *with extra batteries*
- ❖ **Water bottle** *for use around camp or on hikes*
- ❖ **Sunscreen**
- ❖ **Sunglasses (a safety string for ALL glasses, so they don't fall off if dropped)**
- ❖ *Chapstick
- ❖ *Camera (*disposable cameras are recommended*)
- ❖ Day pack/fanny pack
- ❖ Your own **Mountain Bike**, if possible. All bikes should be in good repair with good brakes and tires, and a recent tune-up. No BMX style please. A few will be available on-site for those who are not able to bring a bike, if you are able to bring a bike you'll be given the option to share it or not.
- ❖ Bike Helmet, if you are biking you must provide your own helmet.
- ❖ *Bike Gloves if you tip over you will appreciate having gloves on your hands.
- ❖ 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, and may be available during the week for older campers. In children & youth camps, money will be deposited into designated store accounts for individual campers.

**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"/>	Benadryl: <i>Allergy symptoms</i>	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen: <i>Mild fever or discomforts</i>	<input type="checkbox"/>	<input type="checkbox"/>	Antacid: <i>Upset stomach</i>	<input type="checkbox"/>	<input type="checkbox"/>
Throat Lozenges: <i>Cough/sore throat</i>	<input type="checkbox"/>	<input type="checkbox"/>	Anti-diarrheal: <i>For diarrhea</i>	<input type="checkbox"/>	<input type="checkbox"/>
Topical Creams: <i>Itching, sunburn, or insect bites</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

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.

FINDING SUTTLE LAKE UNITED METHODIST CAMP

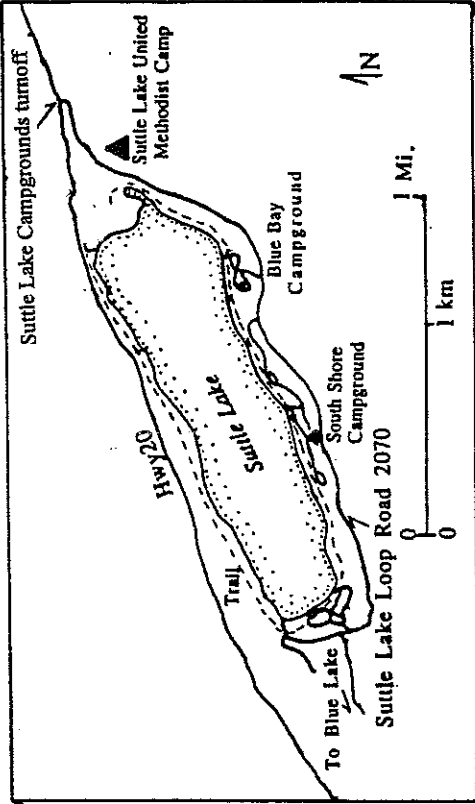
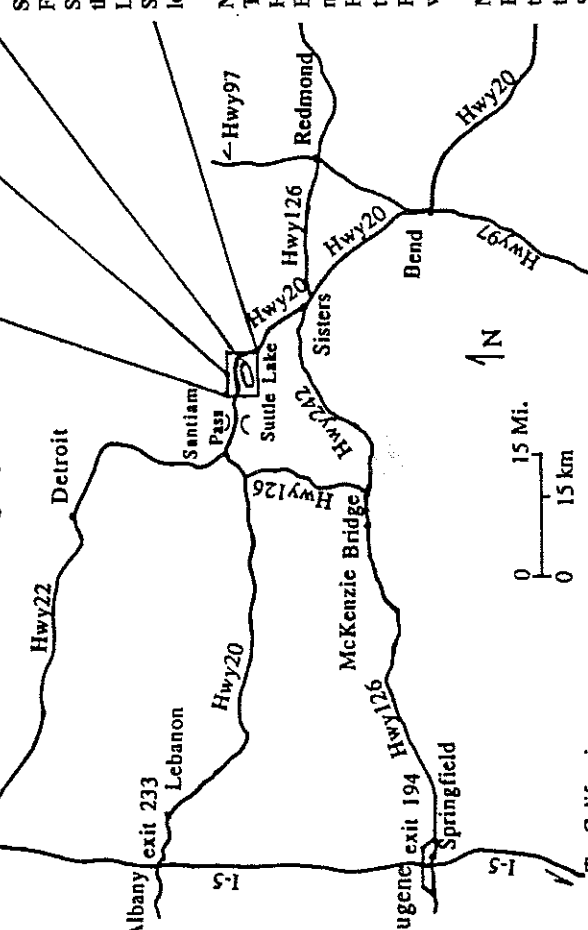
29551 SW Suttle Lake Rd., Sisters, Oregon 97759
(541) 595-6663

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

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.