

# Get ready for GrandCamp!



We have put together this packet of information and forms to help you get ready for Grand Camp. Plan to arrive Friday afternoon and we will begin with dinner on **Friday, June 25<sup>th</sup>**. We will end about noon on Sunday. Please let the camp know at [sawtooth@gocamping.org](mailto:sawtooth@gocamping.org) if your travel plans are different than these times.

Please bring a signed Health Form for each person to the camp. (If parents need to sign the forms for the grandchildren early, they can download extra forms from the website at [www.gocamping.org](http://www.gocamping.org) . If you have any dietary concerns please email the camp at least 10 days before your event: [sawtooth@gocamping.org](mailto:sawtooth@gocamping.org)

You will find a **List of Things to Bring** on the back of this letter. Keep in mind this is only a general list and you will want to adjust the list for your own family's needs.

On the back of the **Map** you will find the **Policies** for our camping program. 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 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. If you have any questions about your registration or payment, contact Geneva Cook in the camping office (503-802-9213 or email: [geneva@gocamping.org](mailto:geneva@gocamping.org) )

Make all checks payable to: **Conference Treasurer**

Mail payments to:      Camping Office  
                                  1505 SW 18<sup>th</sup> Avenue  
                                  Portland, OR 97201

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

The address for Sawtooth Camp is: **PO Box 68, Fairfield, ID 83327**



## Check out our website at [www.gocamping.org](http://www.gocamping.org)

# *What to bring to Sawtooth Camp*

\* *items are optional*

## **CLOTHING:**

- ❖ Several Changes of Clothing – *Layers work best, as the temperature will vary throughout the day.*
- ❖ Warm Sleepwear or sweats to sleep in (*it is cold at night!*)
- ❖ *\*Hat with brim*
- ❖ *\*Swimsuit*
- ❖ Shoes that can be worn for water activities  
(*Aqua socks, old tennis shoes, sandals with straps, but no thongs or flip flops*)
- ❖ Hiking shoes or sneakers
- ❖ Light Jacket, Sweaters or Sweatshirts
- ❖ Heavier Jacket (*Evenings get very chilly*)

## **BEDDING:**

- ❖ Warm Sleeping Bag (*it is chilly at night in June!*)
- ❖ Pillow

## **TOILETRY ITEMS:**

- ❖ Towel & wash cloth
- ❖ Toilet articles such as: soap, toothbrush, shampoo etc.
- ❖ Sunscreen (*Altitude intensifies sunlight*)

## **OTHER:**

- ❖ **Completed signed health forms**
- ❖ Notebook & pen or pencil
- ❖ **Flashlight** (*with extra batteries*)
- ❖ Water bottle for use around camp or on hikes
- ❖ *\*Camera*
- ❖ *\*Day pack/fanny pack*
- ❖ All medications must be in **original** bottles or packaging.

# 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)

**Sawtooth Camp**  
PO Box 68  
Fairfield, ID 83327

## PERSONAL INFORMATION:

Name \_\_\_\_\_  
Last First Middle Init.

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:

**Sawtooth Camp**  
PO Box 68  
Fairfield, ID 83327

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)**

<input type="checkbox"/> Epilepsy or seizures	<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Menstrual problems	<input type="checkbox"/> Asthma
<input type="checkbox"/> Frequent sore throats	<input type="checkbox"/> Headaches	<input type="checkbox"/> Bed-wetting	<input type="checkbox"/> Heart disease
<input type="checkbox"/> Back pain or strain	<input type="checkbox"/> Alcohol/drug addiction	<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> 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
<b>Tylenol:</b> <i>Mild fever or discomforts</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Ibuprofen:</b> <i>Mild fever or discomforts</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Throat Lozenges:</b> <i>Cough/sore throat</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Topical Creams:</b> <i>Itching, sunburn, or insect bites</i>	<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Benadryl:</b> <i>Allergy symptoms</i>				<input type="checkbox"/>	<input type="checkbox"/>
<b>Antacid:</b> <i>Upset stomach</i>				<input type="checkbox"/>	<input type="checkbox"/>
<b>Anti-diarrheal:</b> <i>For diarrhea</i>				<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:

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

Do not rely on internet map searches for directions.

# FINDING SAWTOOTH UNITED METHODIST CAMP

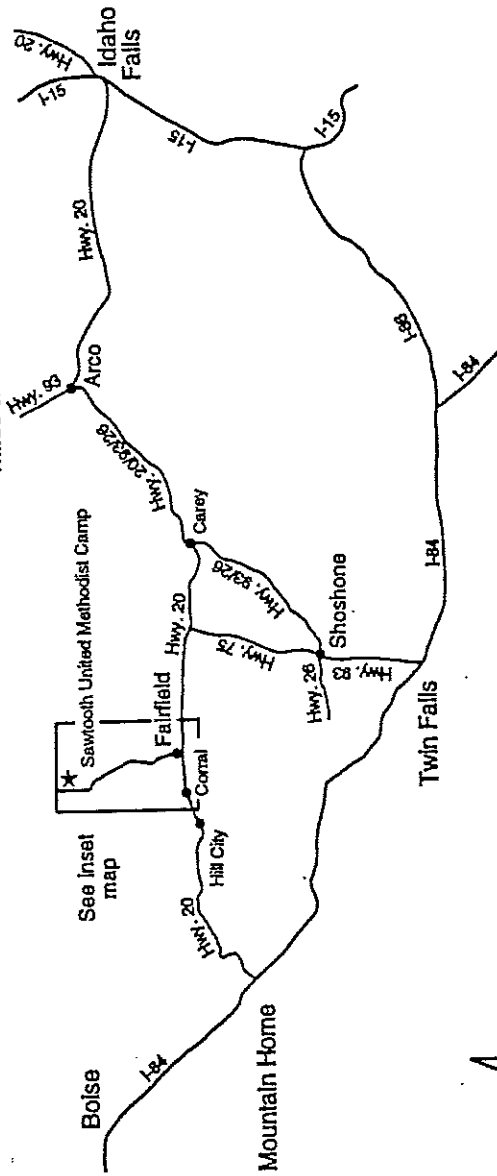
Box 68, Fairfield, ID 83327

## From Boise to Fairfield:

Travel southeast on I-84 from Boise for forty-five miles to Mountain Home. At Mountain Home turn northeast onto Highway 20. Follow Highway 20 for fifty-eight miles to Fairfield.

## From Idaho Falls to Fairfield:

Travel west on Highway 20 for sixty-six miles to Arco. At Arco continue traveling on Highway 20 going southwest for forty-five miles to Carey. At Carey proceed on Highway 20, traveling west for forty-five miles to Fairfield.

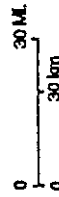


## From Twin Falls to Fairfield:

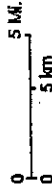
Travel north on Highway 93 for twenty-one miles to Shoshone. At Shoshone continue north on Highway 75 for thirty miles to Highway 20. Turn left on Highway 20 and proceed west for twenty-five miles to Fairfield.

## From Fairfield to Sawtooth Camp:

Travel north through Fairfield for two miles to Soldier. Turn right at Soldier, travel for 1/4 of a mile, then turn left onto Forest Service road. After 8 miles turn right and go nineteen miles. Near Five Point campground, take the left route of the Forest Service road for six miles, continuing north. At Big Smoky Junction proceed northwest for 8 miles to Sawtooth Camp.



Inset Map



Source: Idaho Official Highway Map, 1993; USFS, Sawtooth NF Map, 1985.

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.

K. Van Norman, 1993.

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

# 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, discoloration 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 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.

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

### SAWTOOTH BUS SCHEDULE



You must be pre-registered through the Camping Office to take the bus.  
(Call 1-800-593-7539)

Pickup Points & Times:	Return Times:
12:30 pm - Jerome UMC	10:30 am - Depart Camp
2:00 pm - Fairfield (Wrangler Restaurant)	12:00 pm - Fairfield (Wrangler Restaurant)
3:30 pm - Arrive Camp Sawtooth	1:45 pm - Jerome UMC