

Camp de Benneville Pines

Angelus Oaks, CA



Elementary/Family Camp Winter 2020

**Camper Information Packet
Part 2**

Saturday, February 15 — Monday, February 17, 2020

YOUTH CODE OF CONDUCT AGREEMENT

Elementary Winter Camp 2020

I have read and understand the rules of camp and agree to abide by them while in attendance at camp. I agree to accept established consequences in the unfortunate event I violate these rules or engage in any activity or behavior which is disruptive to the camp community. Furthermore, I pledge to be an active participant in the building and nurturing of a loving spiritual community and to conduct myself in a manner which is respectful of myself and others.

(Camper Sign Here)	(Today's Date)	(Age)	(Birthday)
Signature of Camper	Date	Age	Birth date

PARENT ACCOUNTABILITY STATEMENT

I am aware my child/ward will be attending the Elementary Youth Camp between the dates of February 15th, 2020 and February 17th, 2020. As parent/guardian of, _____. I have completely read and understand the rules for camp and am aware that there are set consequences for the violation of these rules. I agree that if my child does not comply with the rules of camp as published and posted at camp, I will arrange for the prompt departure of my child without refund of any camp fees.

Furthermore, should my child be responsible for damaging the camp, its equipment, or the property of another camper, I will pay to replace or repair said property.

(Parent Sign Here)	(Today's Date)
Signature Parent/Guardian	Date
Email: (Parent Email Address Here)	

I am also signing above stating that should my child, for any reason, need to be sent home prior to the closing date/time of camp, and I am not available to pick up my child, the name of the responsible adult with whom the camp staff may release my child is the table below and I also certify that I have contacted the alternate contact below and they have agreed to be responsible in my absence.

(Alternative Contact Name Here)	(Relationship to Camper)
Full Name of Adult in case of Parent/Guardian not available	Relationship
Best Contact Phone Number(s): (Alternative Contact Phone Number Here)	

I give my permission for my child to be photographed or videotaped participating in camp activities and for the photos/video to be used in Camp de Benneville Pines' publications/promotions. _____ Initial Here

Notes from the Camp Nurse

Hello Campers & Parents!

My name is Holly Provan and I am your Camp Nurse for 2020 Elementary/Family Winter Camp. I am so looking forward to meeting and seeing everyone! Camp is almost here and here are some reminders:

1. **IMMUNIZATIONS & INSURANCE** – Remember to bring a copy of your child's complete immunization record (or waiver form) AND a copy of the front and back of your child's insurance card. These items must accompany the "Release Form".
2. **MEDICATION** – Please bring all prescription and over-the-counter medications in original, properly labeled containers. Bring medications with you to the registration table so they can be registered with the Camp Nurse and transferred to the infirmary. Rescue inhalers (Albuterol) may be kept with the camper, but please notify the nurse that the camper has the inhaler.
3. **ALLERGIES** - If your child has an allergy, especially bee stings or peanuts, make sure you bring a supply of Benadryl® and an Epi-Pen (twin pak)®. The EMS response time is 30 minutes so each camper needs two (2) Epi-pens for safety.
4. **ASTHMA & HAYFEVER** – Even if your child has not had to use their Albuterol inhaler or Antihistamine for some time, camp is the place they will probably need them. Inhalers can be kept with the camper or in the Infirmary. Antihistamine medication is kept in the infirmary.
5. **BEDWETTING** – It happens! No worries. If your child requires special accommodations, please feel free to call me at the number below to discuss your camper's unique needs. And send along a plastic sheet to protect the mattress.
6. **ADHD/MENTAL HEALTH NEEDS** – I recommend that campers continue medications for ADHD and mental health needs while at camp. We are quite busy at camp, with planned activities throughout the day and evening, so medications that are useful at school and home can also help your child be successful at camp.

7. **SPECIAL DIETS** – While our fabulous kitchen crew can accommodate many dietary needs or preferences (i.e. vegan, vegetarian, gluten-free), it’s always a good idea to send food items to camp to supplement a limited diet plan (i.e. Gluten free breads and cereals). These items can be stored in the kitchen and lodge refrigerator. Please don’t send food to camp unless your child has dietary issues. We feed kids well!
8. **PHONE CALLS** – Please allow your camper to play and explore camp without having to check in with you each day. Keep cell phones at home, and we will call you if there is a problem. And, speaking of calling.....during camp, please feel free to call me at the number below. If there is no answer, leave a message and I will call you back.
9. **EMERGENCIES** – Please know that we prefer to err on the side of caution in an emergency. EMS response time is long, so we want people to get checked out before it becomes an emergency. We can handle bumps and bruises, minor cuts & scrapes, sprained ankles and give over-the-counter medications (ibuprofen or acetaminophen for headaches and mild pain, allergy medications etc, hot or cold packs as needed. If a more serious emergency arises, this may require transportation down the mountain.

My name is Holly Provan, and I am a Registered Nurse. I work as a part-time School Nurse and also in Cardiology in Burbank CA. I grew up attending sleep-away camps as a child, and spent a week every summer at UU Eliot Institute in Washington State. I am also a mom of two very spirited elementary girls. If you would like to contact me prior to camp, feel free to email me at holly.provan@gmail.com. Please allow a day or two for response!

Thanks!

Holly Provan, RN, BSN

Camp Nurse Phone: (262) 909-5415



Emergency Information and Release Form for Youth Attending Camp de Benneville Pines

Name _____ DOB _____ Age at camp _____

Address _____ City/State _____ Zip _____

Custodial Parent _____ Phone #1 _____

Phone #2 _____ Email/SMS _____

Gender: Male ___ Female ___ Gender Neutral ___ Will you be out of town while your child is at camp? YES / NO

Additional Parent/Guardian or Emergency Contact (required) _____

Home Phone _____ Cell Phone _____ Email _____

If not available, Notify: _____ Relationship _____

Home Phone _____ Cell Phone _____ Email _____

Please initial each Release below and submit to camp as part of the Check-in process

Medical Release

_____(initial) Parent/Guardian Authorizations: The attached health history is correct and complete as far as I know. The camper described has permission to engage in all camp activities except as noted below. 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 treatment, referral, billing or 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 child named above. This complete form may be photocopied for trips out of camp.

Release of Liability

_____(initial) I waive and release all claims for damages for death, personal injury or property damage that may occur as a result of engaging in camp activities. This discharges in advance Camp de Benneville Pines, its employees and other agents from liability even though that liability may arise out of their negligence. I know that being in a forest retreat setting involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk is binding on my heirs and assigns.

Release of Contact Information

_____(initial) I understand my contact information above will be shared with Camp so they can keep me in the loop on what's happening all year long. Camp will not share any information with third-party entities, ever.

Photo Release

_____(initial) I give permission and consent for all persons associated with my registration to allow photographs/video to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by Camp de Benneville Pines and its agents to illustrate and promote the camp experience, Camp de Benneville Pines, and its camp programs. Camp will not identify Campers by name without their permission.

Emergency Information

Medical Insurance Company _____ (attach a photocopy of front and back of health insurance card to form)

Policy # _____ Group # _____

Restrictions: Red Meat Pork Dairy Products Poultry Seafood Eggs (circle all that apply) Other _____

Explain any restrictions to activity: what cannot be done, what adaptations or limitations are necessary (use other side for additional information) _____

Known allergies to food, medication and/or anesthetics, environmental factors (use other side for additional information) _____

Describe reaction and usual management of reaction (use other side for additional information) _____

Signature _____ Date _____

Camp Dates _____

Cabin _____

Camper Name _____

Medications being taken

Please list ALL medications (including over-the-counter or non-prescription 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.

Circle one: the camper **takes NO medications** on a routine basis the camper **takes medications** as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications

General Questions (explain "yes" answers below)

Has/does the camper:

- | | |
|--|---|
| 1. Had any recent injury, illness or infectious disease? Y / N | 16. Ever had a back problem? Y / N |
| 2. Have a chronic or recurring illness/condition? Y / N | 17. Ever had problems with joints (e.g. knees, ankles)? Y / N |
| 3. Ever been hospitalized? Y / N | 18. Have an orthotic appliance being brought to camp? Y / N |
| 4. Ever had surgery? Y / N | 19. Have any skin problems (e.g. itching, rash, acne)? Y / N |
| 5. Have frequent headaches? Y / N | 20. Have diabetes? Y / N |
| 6. Ever had a head injury? Y / N | 21. Have asthma? Y / N |
| 7. Ever been knocked unconscious? Y / N | 22. Had mononucleosis in the past 12 months? Y / N |
| 8. Wear glasses, contacts or protective eyewear? Y / N | 23. Had problems with diarrhea/constipation? Y / N |
| 9. Ever had frequent ear infections? Y / N | 24. Have problems with sleepwalking? Y / N |
| 10. Ever passed out during or after exercise? Y / N | 25. If female, have an abnormal menstrual history? Y / N |
| 11. Ever been dizzy during or after exercise? Y / N | 26. Have a history of bed-wetting? Y / N |
| 12. Ever had seizures? Y / N | 27. Ever had an eating disorder? Y / N |
| 13. Ever had chest pain during or after exercise? Y / N | 28. Ever had emotional difficulties for which professional help was sought? Y / N |
| 14. Ever had high blood pressure? Y / N | 29. Waived or missed any scheduled immunizations? Y / N |
| 15. Ever been diagnosed with a heart murmur? Y / N | |

Please explain any "yes" answers, noting the number of the questions: _____

Name of family physician _____ Phone _____

Name of family dentist/orthodontist _____ Phone _____

Use this space to provide any additional information you believe the camp staff should be aware of regarding the campers behavior and physical, emotional, or mental health: _____

Authorization to Treat During Transportation/Carpooling to Camp

Permission Form:

My child/ward has permission to travel to and from Camp de Benneville Pines near Angelus Oaks, California. I understand that the camp is not responsible for the safety of my child until my child has been properly checked in at the time of registration. Furthermore, once my child checks out of camp on the final day, the camp is no longer responsible for the safety of my child. Unless otherwise contacted by me, my child has permission to carpool to and from camp with the following adults (**please include names of all adults permitted to pick your child up from camp, including parents**):

Name _____ Hm Phone _____ Cell Phone _____

Name _____ Hm Phone _____ Cell Phone _____

Name _____ Hm Phone _____ Cell Phone _____

Name _____ Hm Phone _____ Cell Phone _____

Emergency Authorization to Treat:

I hereby give permission to the medical personnel selected by my child/ward's driver to order x-rays, routine tests and treatment for my child/ward; and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the driver of my child/ward to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child/ward named above. This form may be photocopied. I recognize that neither de Benneville Pines, Inc., nor the Pacific Southwest District of the Unitarian Universalist Association is responsible for persons car pooling to or from camp.

Signature of parent/guardian _____ Date _____

During the times my child will be transported to and from camp, you should be able to reach me:

To Camp - Phone _____ Alternate Phone _____

From Camp - Phone _____ Alternate Phone _____

Emergency Information and Release Form for Families Attending Camp de Benneville Pines

Parent (Primary Insured) at Camp _____ DOB _____

Address _____ City/State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Gender _____

Second Parent at Camp _____ DOB _____ Gender _____

Child Camper _____ DOB _____ Gender _____

Child Camper _____ DOB _____ Gender _____

Child Camper _____ DOB _____ Gender _____

List additional family members on reverse

Please initial each Release below and submit to camp as part of the Check-in process

Medical Release

_____(initial) I understand that if a family member or I become injured or ill while at camp, the Health Supervisor is authorized to determine if I require care outside the bounds of that available in our wilderness setting. Due to de Benneville's isolation and elevation, any camper remaining ill for more than 12 hours may be asked to leave camp, and may return only with authorization from a physician. I have been made aware that it can take 45 minutes or more for paramedics to respond to a 911 emergency call. If road conditions are icy or hazardous, it can take substantially longer. I agree to follow the safety rules of the camp.

_____(initial) I hereby give permission for the camp Health Supervisor to provide routine health care and emergency medical treatment, including ordering x-rays or routine tests for myself or family members. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

_____(initial) I give permission to the retreat organizers or the camp staff to arrange necessary related transportation. In the event of an emergency, I hereby give permission to the physician selected by the retreat organizers or camp staff to secure and administer treatment, including hospitalization to myself or family members.

Release of Liability

_____(initial) I waive and release all claims for damages for death, personal injury or property damage that may occur as a result of engaging in camp activities. This discharges in advance Camp de Benneville Pines, its employees and other agents from liability even though that liability may arise out of their negligence. I know that being in a forest retreat setting involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk is binding on my heirs and assigns.

_____(initial) I agree to follow the safety rules of camp and assume responsibility to ensure my children also follow the rules.

Release of Contact Information

_____(initial) I understand my contact information above will be shared with Camp so they can keep me in the loop on what's happening all year long. Camp will not share any information with third-party entities, ever.

Photo Release

_____(initial) I give permission and consent for all persons associated with my registration to allow photographs/video to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by Camp de Benneville Pines and its agents to illustrate and promote the camp experience, Camp de Benneville Pines, and its camp programs. Camp will not identify Campers by name without their permission.

If family is covered by medical/hospital insurance, attach a copy of your card to this form. If you have no insurance, please provide social security numbers for each family member at camp on a separate piece of paper so care can be obtained at County Hospital.

Emergency Contact (not at camp)

Name _____ Phone #1 _____

Phone #2 _____ Email/SMS _____

Known allergies to food, medication and/or anesthetics, environmental factors. Indicate which family member and describe reactions (use other side for additional information).

Known medical problems/conditions and medical treatment that may be needed at camp (use other side for additional information).

Please list all medications (OTC & RX) that you will be taking while at camp (use other side for additional information).

Signature _____ Date _____

Camp Dates _____

Cabin _____

Family Name _____

Emergency Information and Release Form for Adults Attending Camp de Benneville Pines

Name _____ DOB _____
Address _____ City/State _____ Zip _____
Home Phone _____ Cell Phone _____
Email _____ Gender: Male _____ Female _____ Gender Neutral _____

Please initial each Release below and submit to camp as part of the Check-in process

Medical Release

_____(initial) I understand that if I become injured or ill while at camp, the Health Supervisor is authorized to determine if I require care outside the bounds of that available in our wilderness setting. Due to de Benneville's isolation and elevation, any camper remaining ill for more than 12 hours may be asked to leave camp, and may return only with authorization from a physician. I have been made aware that it can take 45 minutes or more for paramedics to respond to a 911 emergency call. If road conditions are icy or hazardous, it can take substantially longer. I agree to follow the safety rules of the camp.

_____(initial) I hereby give permission for the camp Health Supervisor to provide routine health care and emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

_____(initial) I give permission to the retreat organizers or the camp staff to arrange necessary related transportation. In the event of an emergency, I hereby give permission to the physician selected by the retreat organizers or camp staff to secure and administer treatment, including hospitalization.

Release of Liability

_____(initial) I waive and release all claims for damages for death, personal injury or property damage that may occur as a result of engaging in camp activities. This discharges in advance Camp de Benneville Pines, its employees and other agents from liability even though that liability may arise out of their negligence. I know that being in a forest retreat setting involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk is binding on my heirs and assigns.

Release of Contact Information

_____(initial) I understand my contact information above will be shared with Camp so they can keep me in the loop on what's happening all year long. Camp will not share any information with third-party entities, ever.

Photo Release

_____(initial) I give permission and consent for all persons associated with my registration to allow photographs/video to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by Camp de Benneville Pines and its agents to illustrate and promote the camp experience, Camp de Benneville Pines, and its camp programs. Camp will not identify Campers by name without their permission.

Emergency Information – all information below will be shredded after camp. We do not retain medical records for adult campers.

Medical Insurance Company _____ Phone # _____

Policy # _____ Group # _____

Emergency Contact (not at camp)

Name _____ Phone #1 _____

Phone #2 _____ Email/SMS _____

My immunizations are up to date: YES NO Date of last tetanus shot _____

Known allergies to food, medication and/or anesthetics, environmental factors (use other side for additional information)

Known medical problems/conditions and medical treatment that may be needed at camp (use other side for additional information)

Please list all medications (OTC & RX) that you will be taking while at camp (use other side for additional information)

Signature _____ Date _____

Winter Travel to Camp

Before beginning a trip to camp, please review the following suggestions offered by Cal Trans and the California Highway Patrol to help promote safe winter travel:

- ❖ **When planning a trip** – Before you leave you should know where you are going. Check on the road conditions. Plan your route. Make sure your car is winterized. Buy or rent the correct sized chains to fit your vehicle. Check antifreeze for colder temperatures, brakes, windshield wipers, defroster heater and exhaust system. Make sure your tires have good tread for added traction on icy roads.
- ❖ **Emergency items** – Consider carrying the following items in your vehicle: flashlight with good batteries, deicer or ice scraper, gloves, an old jacket (should you need to be on the ground installing chains), a plastic garbage bag to kneel on, a small broom to brush snow from your car, a shovel, sand or kitty litter for traction, warm blanket, thermos with hot beverage and a few candy or snackbars.
- ❖ **Driving tips** – Be especially observant of road conditions. Watch out for snow removal equipment, and never attempt to pass snowplows in the unplowed lanes. Safe speeds on dry roads can be deadly on icy and snowy roads. Adjust your speed limit to match conditions. Observe speed limits. Chain control speed limit is 25 mph except where posted. Highway 38 from Angelus Oaks to camp can be very icy. Much of the highway is shaded in the late afternoon, so ice can form on the road before nightfall. Allow plenty of drive time. Keep your gas tank full in case you experience delays or need to make unexpected detours. When stopping on winter roads, never apply brakes suddenly. Pump them gently to avoid locking the wheels. Use a lower gear if possible to slow down. Leave plenty of stopping room between you and the car in front of you. Always make sure everyone in the car has their seat belt buckled.
- ❖ **Chains are a fact of life** – You must stop and put on chains when highway signs indicate that chains are required. There is about a mile between the “Chains Required” sign and the check point where you will be required to stop to install your chains. Failure to install the chains is a citable offense. Conversely, when you are removing your chains, drive beyond the “End of Chain Control” sign to an appropriate pull-off area. Try to install chains on a flat or level surface.

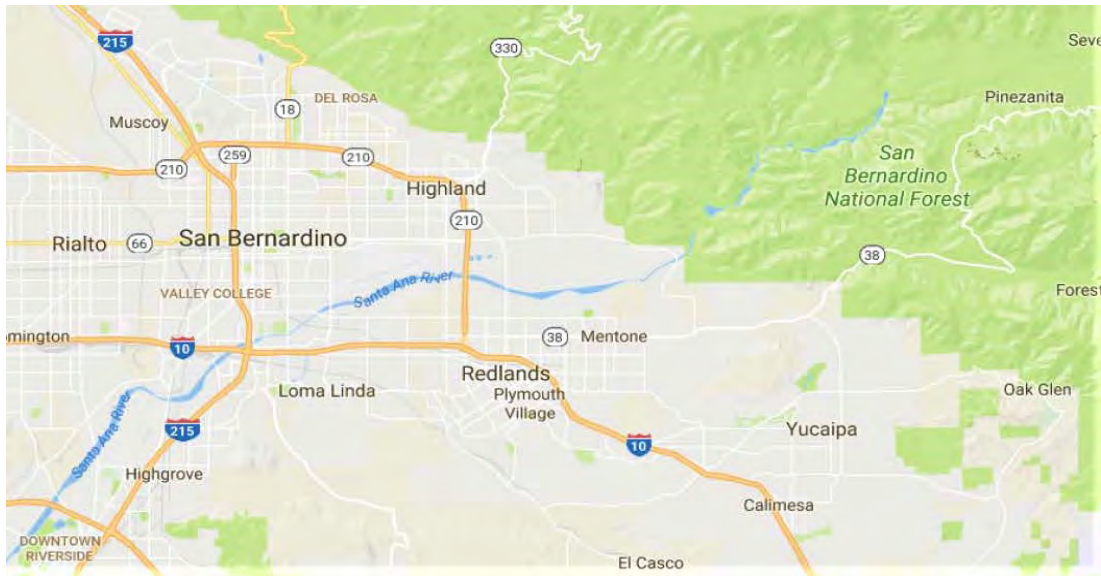
If you use the services of a chain installer, make sure you get a receipt and then write the installer’s badge number on it. Chain installers are independent business people and are not employed by Cal Trans. They set their own rates, which generally run between \$20 and \$25 per vehicle. Chain installers are not allowed to sell or rent chains, so be prepared with chains prior to driving up into the mountains. Many stores sell chains (Pep Boys, Wal-Mart, Auto Zone, etc.) It is a good idea to practice installing your chains before leaving home.

Remember to put chains on front tires for front-wheel drive vehicles, rear tires for rear-wheel drive vehicles.

DO NOT ATTEMPT TO ENTER THE CAMP’S DRIVEWAY WITHOUT CHAINS IF THE “CHAINS REQUIRED” SIGN IS POSTED AT THE ENTRANCE INTO CAMP. *Only four-wheel drive vehicles can make it into camp without chains.* **Do not install chains in the camp’s driveway. Please do not block traffic.**

- ❖ **Chain Requirement Code – R2:** Chains required on all vehicles except four-wheel drive vehicles. All two-wheel drive vehicles must install chains. Four-wheel drive vehicles with mud-and-snow tires may proceed as long as they are carrying chains. **R3:** Chains required on ALL vehicles. No exceptions. This is a rare occurrence in the San Bernardino Mountains, come prepared! **CARRY CHAINS! CARRY CHAIN TENSIONERS!**
- ❖ For current road conditions, call 800-427-7623 or log-on to www.dot.ca.gov/hq/roadinfo/
- ❖ Camp telephone numbers: Office: 909-794-2928 Lodge: 909-794-8712 Camp Director: 909-435-6298
- ❖ Camp Director’s email address: uucamp@aol.com Camp website: www.uucamp.org

DIRECTIONS to Camp de Benneville Pines



- Arizona:** Take the I-10 West to Exit 85 - Oak Glen/Live Oak Canyon Rd. Turn right on to Oak Glen Rd. Follow the road across Yucaipa Blvd and continue to Bryant St., turn left and go to Hwy 38. Turn right. Follow the directions in **BOLD below** from Hwy 38.
- Orange Co:** Take the 91 Freeway toward Riverside until it become the I-215 East toward San Bernardino. Take the I-10 East to Redlands. Follow the directions in **BOLD below** from Redlands.
- Las Vegas:** Take the I-15 South to San Bernardino. Take the 210 East to Redlands. Exit at San Bernardino Ave. Go through the light to the next street, Lugonia/Hwy 38. Turn left and follow the directions in **BOLD below** from Hwy 38.
- San Fernando Valley:** Take the 101 East to the 134 East to the 210 East. In Redlands, exit at San Bernardino Ave. Go through the light to the next street, Lugonia/Hwy 38. Turn left and follow the directions in **BOLD below** from Hwy 38.
- San Diego:** Take the I-15 North to the I-215 East toward San Bernardino. In Moreno Valley, take the 60 East to the Redlands Blvd exit. Turn left and go North on Redlands Blvd until it dead ends at San Timoteo Canyon Rd. Turn left and continue approximately 1 mile to Live Oak Canyon Rd. Turn right and continue over the 10 Fwy, where the name changes to Oak Glen Rd. Continue through Yucaipa to Bryant St. Turn left and follow the directions in **BOLD below** from Hwy 38.
- Ventura:** Get on US-101 and exit onto I-210 East. Continue on I-210 and exit at Live Oak Canyon Road. Turn left, follow the road across Yucaipa Blvd and continue to Bryant St., turn left and go to Hwy 38. Turn right. Follow the directions in **BOLD below** from Hwy 38.
- Redlands:** From I-10, take University exit. Turn left on University. Turn right on Lugonia/Hwy 38. Follow the directions in **BOLD below** from Hwy 38.
- From Hwy 38:** Follow Hwy 38 toward Big Bear, up into the mountains. At the road to Forest Falls, bear to the left, continuing on HWY 38. At the top of the mountain, pass through the town of Angelus Oaks and continue another 5.5 miles. Turn right on to Jenks Lake Road, West. The sign for Camp de Benneville Pines will be on the right, approximately 1.5 miles up. (If you see the sign for Seven Oaks on Hwy 38, you have missed the Jenks Lake turn. Go back to Jenks Lake Road, West.



In an emergency: proceed to the Volleyball Court. Check in with your camp coordinator for instructions.

creek hike

staff

Pavilion

director

Playground

volleyball court

coffee house & camp office



lake



basketball court

labyrinth

one way

first aid

Crafts

Craig's

barthouse & laundry

pool & spa

amphitheater

Homert Lodge
(pronounced O'May)

one way

41750 Jenks Lake Road West
Angeles Oaks, Ca. 92305
Camp (909)794-2928
Lodge (909)794-8712

Parking Lot & Entrance
Back in for emergency evacuation.

6

maintenance

trails

7

5

8

2

library/PSWIRL

1

3

one way



map 4/27/2019
www.LindaLuisi.com