



Pilgrim Lodge Grandparents Camp II

August 27- 29, 2010

Arrival Time is Friday between 9:30 and 11:00 am

Departure is 11:00 on Sunday Morning

Dear Grandparent, *(and parent of Grandkids),*

My 8 year old grandson, Oliver, now a veteran camper, says he likes Pilgrim Lodge because he can fish and sing songs to God. Please find out what camp or Pilgrim Lodge means (or what they hope it will mean) to your grandchild and let us know so that we may work favorite activities into the schedule. Our days will be filled with worship, nature, swimming, boating, eating, singing, and of course a campfire, or two! There is so much to be thankful for in our lives and having a grandchild or grandchildren is one of God's sweetest blessings. How wonderful then to have a few days together at Pilgrim Lodge to share with these precious children. We will also have time together as grandparents to reflect on this special time in our lives as a grandparent.

We would like each of you to come prepared with family pictures to make a poster to share at our first evening gathering. We invite you to bring a craft/activity to share during "Interest Groups" and perhaps a talent for the Talent Show Saturday night.

Our theme is *"Be a Hero – Living like Jesus."* Talk with your grandchild about the good things they do at home, in school, at church, and at PL. We plan to have a time to share how we live like Jesus.

Our Mission Project is "Friends of Kakamega," the Maine-based, Quaker organization that supports the AIDS Orphan Project in Kakamega, Kenya. The care center feeds, clothes, houses, and educates over 70 orphaned children, ages 7-17. To support this project we suggest that younger children could donate crochet hooks & embroidery floss and older campers and adults might contribute money to a book project to replace books written in English with books written in Kiswahili. There is more information on the program below.

If this is your child's first time this year at Pilgrim Lodge, he or she will need health forms. A form signed by the doctor last year (form 2) is still valid (earlier doctor's forms are not). Every child coming for the first time this year needs a new form 1 signed by the parents (not the grandparents). Forms are due in the office by August 13. These forms are below. Please call the office (207-724-3200) if you have any questions or problems. If your grandchild takes medication during the school year but is now on summer hiatus, we recommend that your son or daughter talk to their child's doctor about medication be given during this short weekend.

This will be a time to share with our grandchildren, a time to learn about each other, and a quiet time set aside from the busy, often noisy world to thank God for all our blessings.

Please, if you have any questions or concerns, call us at 207-989-7039 or email BettyAnn at bahaskell29@aol.com. We look forward to being with you in that sacred space called Pilgrim Lodge.

BettyAnn Haskell, Ginny Wilson & Mary Chamberlain

IT'S ALMOST TIME FOR CAMP!

A final review for Family Camps



WHAT TO BRING:

- casual relaxing clothes
- warm clothes for cold days
- warm sleeping clothes
- rain gear
- shorts
- jeans
- sweatshirts
- Bible
- notebook or stationery and pen
- bathing suit
- beach towel
- beach footwear
- musical instruments
- 1 nice outfit (not *too* formal)
- bathroom items (towels, washcloth, soap, toothbrush, floss, comb/brush etc in an easy to carry bag or bucket)
- sleeping bag or bedding
- pillow
- comfortable sneakers
- flashlight
- laundry bag
- insect repellent (non-aerosol please!)
- a good book
- sunscreen (SPF 30 or more)
- water bottle with camper's name written on it
- items listed in your Deans' letter
- money for store/mission

Personal items policy:

Campers are free to bring personal items such as musical instruments, (larger instruments usually are left in the lodge), compact discs, and sporting equipment provided their name is written on the item. The Maine Conference, United Church of Christ is not responsible for lost, stolen or broken items.

Health Forms:

See page 17 of this guide to determine which portion of the health form needs to be submitted. Minors at Grandparent's camp, and minors who are not accompanied by a parent or legal guardian must have a doctor's signature and a parent or legal guardian's signature.

Please do not Bring:

Alcohol or illegal drugs; weapons (including pocket knives); personal listening devices; electronic handheld games, pets; valuables; jewelry; beepers; computers; fireworks, "healies," SCUBA equipment, skate boards or in-line skates

The Camp Store and Mission Offering

The camp store will accept cash during family camp events. campers. Ice cream is \$1 per day. A mission offering will be taken to support Camp To Belong.

Photo CD's: At the camp store you can order a CD-Rom of photos of your time at camp and it will be ready for you when you leave. Photo CD's may be ordered after camp but a shipping charge is added. (note: photo CD's are not offered at "A Day At Camp")

Be sure to review you deans' letter. Check online if you haven't received one or call. 207-724-3200

Mail: Please do not send food or candy

Camper's Name, camper's cabin #
Pilgrim Lodge
103 Pilgrim Lodge Lane
West Gardiner, ME 04345

Email and On-line Photos require a \$10 per camper account set up on line. A credit card is needed. Please see page 5 for details. Email cost one credit, credits are available when you set up your account. See page five for details.

Pilgrim Lodge 2010 Mission Focus

Every summer, the Outdoor Ministries Committee chooses one worthy project on which to focus our mission efforts. This involves education and awareness of the issues on both local and global scales, connection to the gospel message to serve others in need, prayer and worship activities on behalf of people involved with the mission, and an opportunity to offer monetary gifts. Campers at youth camp can make a donation their store accounts. Adult and family camps have the opportunity to make a traditional offering. The 2010 mission focus is on:



Friends of Kakamega

Supporting the Kakamega AIDS Orphan Project and Care Center
Run by the United Society of Friends Women

A Maine-based Quaker non-profit organization that supports the

AIDS Orphan Project of USFW (United Society of Friends Women, Kakamega). Kakamega, Kenya
The USFW Orphan Project of Kakamega, Kenya is a grassroots effort to help children whose parents have died primarily of AIDS. It is an **ORPHANAGE, a FEEDING PROGRAM** and provides **EDUCATIONAL SPONSORSHIPS** for orphans so they can go to school. It is run by Kenyan Quaker women of the USFW (United Society of Friends Women, Kakamega). Since 2001 they have devoted their lives to helping orphans in serious need.

FRIENDS OF KAKAMEGA — THE MAINE CONNECTION

Partnered with the USFW is **Friends of Kakamega**, a Maine-based Quaker non-profit organization. Since 2002 Friends of Kakamega has worked to finance the Care Center dining hall and dormitories, and to sponsor over 150 children for education. Each summer Friends of Kakamega organizes a service project trip to the orphanage to work with the children, and to introduce participants to a world so different from that which Americans are used to.

How Many people are served by this organization?

- 50 camper aged boys and girls live at the Kakamega Care Centre, where they get nutritious meals, love and guidance from a caring and benevolent staff, a new family of friends and really, a new lease on life.
- 60 other local orphans come to the Feeding Program at the Care Centre , and eat their primary meal of the day
- 100 children who live in the rural areas with guardians receive sponsorships so they can attend school and get food.
- 40 teenagers are able to attend high school because of sponsorships they receive through the program. Matriculating and graduating high school is essential to thier eventually being able to take proper care of themselves.

Organic Farming: To promote self-sufficiency and generate income in Kenya, the Friends of Kakamega has purchased seven acres of farmland. The farm is currently being converted to organic production, both for environmental benefit and to avoid the high cost of fertilizer. Guided by a retired Kenyan Agriculture expert, the land will serve as a demonstration farm to teach the value of organic farming. Corn, beans, peanuts, and other crops are grown for Care Center meals and to generate income for the Center.

More information is available at www.friendsofkakamega.org

Pilgrim Lodge Camper Health History for CHILDREN, FORM 1

(page 1 of 3) To be completed by parents.
(Children also need form 2 to be completed by a licensed physician)

Developed and reviewed by *American Camp Association American Academy of Pediatrics Council on School Health & Association of Camp Nurses*

Mail at least two weeks prior to event to:

Pilgrim Lodge - Health Form
103 Pilgrim Lodge Lane
West Gardiner, ME 04345

Dates attending camp: from _____ to _____

Camper Name: _____

Male Female Date of Birth _____

To Parent(s)/Guardians(s): Attach additional information if needed.

- 1) Complete pages **1, 2, & 3** of this form (Form 1) and **make a copy**
- 2) Send the original, signed **FORM 1** to camp two weeks before arriving.
- 3) Complete the top of FORM 2 (Camper Health Care Recommendations) and provide the copy of FORM 1 With FORM 2 to your child's health care provider for review and completion
- 4) If your child carries an **inhaler, epi-pen** or other medication on his or her person, fill out the bottom section of FORM 3, have the physician fill out the top section.
- 5) Return Form 2 (and if applicable FORM 3) completed and signed by your child's health-care provider, camp at least two weeks before arrival.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper _____ Preferred Phones (____) _____, (____) _____

Email: _____ Address: _____
(if different from above)

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper _____ Preferred Phones (____) _____, (____) _____

Email: _____ Address: _____
(if different from above)

Additional contact in the event parent(s) or guardian(s) cannot be reached

Name: _____ Relationship to Camper _____ Preferred Phones (____) _____, (____) _____

Allergies: No known allergies This camper is allergic to: Food Medicine Environmental agents
(please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs *(Please describe below, continue on back if necessary)*

- I have reviewed the program and activities of the camp and feel the camper can participate without restrictions
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations
(Please describe, continue on back if necessary.)

Medical Insurance Information: This camper is covered by family medical/hospital insurance Yes No
Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Co. Phone No. (____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name _____

(For Camp Use) Cabin _____

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
 First Middle Last

Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis ★ (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella ★ (MMR)						
Polio ★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guafenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. Had a significant life event that continues to affect the camper's life?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s): _____ Phone: (_____) _____

Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

**CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimate)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (*list*):

To medications: (*list*):

To the environment (*insect stings, hay fever, etc.—list*):

Other allergies: (*list*):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (*describe below*)

The camper is undergoing treatment at this time for the following conditions: (*describe below*) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (*name, dose, frequency—describe below*)

Other treatments/therapies to be continued at camp: (*describe below*) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (*describe below—attach additional information if needed*)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____

Directions to Pilgrim Lodge phone: 207-724-3200

Traveling North on I-295: Take **exit 51**, turn **Left** on Route **126**. Follow Route 126 about 2.5 miles. / at the blinking light turn **RIGHT** onto Spears Corner Road /continue straight for 4.3 miles (through 2 stop signs) to a third stop sign: **Careful: cross traffic does NOT stop at any of the three stop signs** / at that third stop sign turn **LEFT** onto Neck Road/ Pilgrim Lodge will be one mile ahead on your **RIGHT**

Traveling North on I-95 (new shorter route): Take **exit 86** and turn **LEFT** onto Route 9 / drive a mile and half and turn **RIGHT** on route 126 / in 10.8 miles at the blinking light with “Litchfield Country Store” on your right, Turn **LEFT** at **Batchelder’s Corner** (the post office should now be on your right) / in 2 miles bear **LEFT** on Neck Road /Pilgrim Lodge is 2 miles ahead on the **LEFT**

Traveling South on I-95

From **I-95**, take exit **109 B** onto **Route 202** west. Follow below

Traveling West: Travel through Augusta on **Route 202**, cross over **I-95**

South and west continued:

After 2.5 miles, (by the Manchester Citgo), at the stoplight where route 17 turns right (don’t turn right) and 202 goes straight (don’t go straight) turn **LEFT onto Pond Road** / proceed South for about 6.5 miles / Pilgrim Lodge will be on your **RIGHT**

Traveling East: Take 126 from Lewiston to Litchfield. At the blinking light with “Litchfield Country Store” on your right, Turn **LEFT at Batchelder’s Corner** (The post office should now be on your right) / drive 2 miles/ Turn **LEFT onto Neck road**/ Pilgrim Lodge will be in 2 miles ahead on your **LEFT**

