



- Arizona:** Take the I-10 West to 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 below from Hwy 38.
- Orange Co:** Take the 91 Freeway toward Riverside until it becomes the I-215 East toward San Bernardino. Take the I-10 East to Redlands. Follow the instructions below from Redlands.
- Las Vegas:** Take the I-15 South to San Bernardino. Take the 210 (formerly Hwy 30) 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 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 Avenue. Go through the light to the next street, Lugonia/Hwy 38. Turn left. Follow the directions 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 Timoteo Canyon Rd. Turn left and continue approximately 1 mile to Live Oak Canyon Rd. Turn right and continue over the 10 Frwy, where the name changes to Oak Glen Rd. Continue through Yucaipa to Bryant St. Turn left, continue to Hwy 38. Turn right. Follow the directions below from Hwy 38.
- Ventura:** Take the 26 East to the 5 South to the 14 East. Exit for Pear Blossom Hwy/138 East. Go to the I-15 South, taking the 210/30 East to Redlands. Exit at San Bernardino Ave. Go through the light to the next street, Lugonia/Hwy 38. Turn left. Follow the directions below from Hwy 38.
- Redlands:** From I-10, take the University exit. Turn left on University. Turn right on Lugonia/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 hill, pass through the town of Angelus Oaks and continue another 5 miles. Turn right on West Jenks Lake Road. The sign for Camp de Benneville Pines will be on the right approximately 1 mile up. (If you see the sign for Seven Oaks on Hwy 38, you have missed the turn. Go back to West Jenks Lake Road.)

## Winter Travel to Camp

When you have to drive on unfamiliar mountain roads during the winter, there are good things every driver should know. Before beginning a trip to camp please review the following suggestions offered by CalTrans 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, and 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 snack bars.
- **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 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 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 CalTrans. They set their own rates, which generally run between \$20-\$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 cars, rear tires for rear-wheel drive cars. **DO NOT ATTEMPT TO ENTER THE CAMP’S DRIVEWAY WITHOUT CHAINS IF THE “Chains Required” SIGN IS POSTED AT THE ENTRANCE.** Only four-wheel drive vehicles can make it up the driveway 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, but be prepared!  
**CARRY CHAINS**

- **For current road conditions, call (800) 427-7623 or log on to [www.dot.ca.gov/hq/roadinfo/](http://www.dot.ca.gov/hq/roadinfo/)**
- **Camp phone numbers: Office (909) 794-2928 Lodge (909) 794-8712**
- **Camp Online: e-mail [uucamp@aol.com](mailto:uucamp@aol.com) website [www.uucamp.org](http://www.uucamp.org)**

## *Winter Camp*

### What to Bring

Please pack the following items to ensure you have a warm and enjoyable time at camp:

- Warm, waterproof jacket(s)
- Mittens
- Knit cap(s)
- Scarf
- Snow pants
- Long pants
- Long-sleeved shirts
- Sweatpants
- Sweatshirts
- Warm PJ's
- Underwear and at least 5 pair of warm socks (wool or acrylic)
- 2 pairs waterproof shoes/boots
- Sleeping bag
- Pillow
- Blankets
- 2 towels
- Dirty clothes bag
- Prescription meds in original med bottle
- Soap, shampoo, comb & hairbrush
- Toothbrush & toothpaste
- Lotion, sunscreen, lip balm
- Favorite music, instruments
- Funny hats & costumes
- Books, jokes, skits, stories, games
- Camera and fresh batteries
- Flashlight and fresh batteries
- Snow sleds
- Bike helmet with your name on it
- Chains!

If you need to reach camp, here are some handy numbers:

Janet James, Camp Manager, cell phone (909) 435-6298

Ray Morales, Camp Maintenance, cell phone (707) 290-2024

Camp Office (909) 794-2928 Camp Kitchen (909) 794-8712

Camp email: [uucamp@aol.com](mailto:uucamp@aol.com) Camp website: [www.uucamp.org](http://www.uucamp.org)

Directions on website: <http://www.debenneville.org/Information/Directions2Camp.html>

Weather and Road Conditions: <http://www.debenneville.org/Information/Weather.html>

# Health History Form & Authorization to Treat for children attending Camp de Benneville Pines

The information on this form is gathered to assist us in identifying care your child may need while at camp.  
Please provide complete information so that the camp can be aware of your campers needs.

Camp Dates

Camper Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age at camp \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Address City ST Zip

Custodial Parent/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_

Will you be out of town while your child is at camp?    Y / N

Additional Parent/Guardian or Emergency Contact (Required) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_

If not available in an emergency, notify: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_

Cabin

**Insurance Information**                      Is camper covered by family medical/hospital insurance?    YES / NO  
 If yes, carrier or group name \_\_\_\_\_ Group# \_\_\_\_\_

Attach photocopy of front and back of health insurance card to form

### IMPORTANT - These boxes must be complete for attendance \*

**Parent/Guardian Authorizations:** This 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. 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.

Signature of parent/guardian \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_

I understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor \_\_\_\_\_ Date \_\_\_\_\_

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

**Restrictions** (the following restrictions apply to this individual - circle items that apply)

Does not eat:    Red Meat    Pork    Dairy Products    Poultry    Seafood    Eggs    Other (describe) \_\_\_\_\_

Explain any restrictions to activity (what cannot be done, what adaptations or limitations are necessary)

\_\_\_\_\_

\_\_\_\_\_

**Allergies - List all known**                                      Describe reaction and usual management of reaction

Medications: \_\_\_\_\_

\_\_\_\_\_

Foods: \_\_\_\_\_

\_\_\_\_\_

Other: (include insect stings, hay fever, asthma, animal dander, etc)

If your child requires an epi pen to be close at all times, please be sure to send one to camp

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 Form – Adults at Camp de Benneville Pines*

Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

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:**

\_\_\_\_\_  
**Known medical problems/conditions and medical treatment that may be needed at camp:**

**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 what is 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. Camper may only return with authorization by a physician. I have been made aware that it may take 45 minutes or more, for paramedics to respond to a 911 emergency call. If road conditions are icy or hazardous, it may take substantially longer. I agree to follow the safety rules of the camp.**

This form is for use by the Medical Supervisor during camp only. When checking out at the end of your retreat, the form will be returned to you. If you do not pick up your form at the end of camp, it will be shredded. Camp policy does not include retaining medical records for adult campers.

**I hereby give permission for the camp first aid person 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. 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.**

Signature of Adult Camper/Participant \_\_\_\_\_ Date \_\_\_\_\_

**Although I understand that my medical information is being requested only so that medical treatment can be provided in case of an emergency, loss of consciousness or inability to make a decision on my own, and that not having this information may make it impossible for the Medical Supervisor to provide appropriate medical care, I wish to decline to provide the requested medical information.**

Signature of Adult Camper/Participant \_\_\_\_\_ Date \_\_\_\_\_

# Emergency Information Form - for Families attending Camp de Benneville Pines

This form is for use by the Medical Supervisor during camp only. After your retreat, the form will be shredded.  
Camp policy does not include retaining medical records for adult or family campers.

Camp Dates

Parent (Primary Insured) at Camp \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Address City ST Zip

Second Parent at Camp \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle

Child Camper \_\_\_\_\_ Birthdate \_\_\_\_\_ Age at camp \_\_\_\_\_  
Last First Middle

Child Camper \_\_\_\_\_ Birthdate \_\_\_\_\_ Age at camp \_\_\_\_\_  
Last First Middle

Child Camper \_\_\_\_\_ Birthdate \_\_\_\_\_ Age at camp \_\_\_\_\_  
Last First Middle

Please include any additional family members on the back

**Please be sure to have your health insurance card with you and accessible to the Health Supervisor at camp**

Cabin

**Insurance Information** Is family covered by medical/hospital insurance? YES / NO  
Carrier/Group \_\_\_\_\_ ID or Group# \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Contact not at camp: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_

**Restrictions** (indicate which family member is affected)

Does not eat: Red Meat Pork Dairy Products Poultry Seafood Eggs Other (describe) \_\_\_\_\_

Explain any restrictions to activity (what cannot be done, what adaptations or limitations are necessary)

Allergies & Illnesses - List all known	Describe reaction and usual management of reaction
_____	_____
_____	_____
_____	_____

Current Medications (OTC & RX)	If a family member requires an epi pen available at all times, please bring one to camp
_____	_____
_____	_____
_____	_____

I understand that if a family member or I become injured or ill while at camp, the Health Supervisor is authorized to determine if we require care outside the bounds of what is 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 only return with authorization from a physician. I have been made aware that it may take 45 minutes or more, for paramedics to respond to a 911 emergency call. If road conditions are icy or hazardous, it may take substantially longer.

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 to myself and my family members listed above. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. 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 my family members.

I agree to follow the safety rules of the camp and will ensure that my children also follow the rules.

Family Name

Signature of Parent at Camp \_\_\_\_\_ Date \_\_\_\_\_

Signature of Second Parent at Camp \_\_\_\_\_ Date \_\_\_\_\_