



Hello Campers and Parents,

Spring is in the air and camp is drawing near. I hope you are as excited as we are for your week at camp. (And there are many others that share this excitement.) A big thanks goes to the Kauffmans, year around staff, and many others that work hard to make camp possible. The directors this year will be Dan and Micky Graber, and Galen Nofziger. This team draws from many strengths, talents, and camping experiences.

The Graber family is excited about returning to help at Little Eden. Dan and Micky, with their four daughters, live in Birmingham, Alabama. Currently Dan is teaching chemistry at Spain Park High School in Hoover, Alabama. Micky works at home and organizes the many activities that a family of six experience. They enjoy being involved with Grace and Truth, a Mennonite church in Birmingham. The Grabers think Little Eden is way cool, not just because the weather is cooler, but because God's love saturates all that happens at camp.

Hello fellow Little Eden Lovers and ones soon to be after your first visit! I'm Galen Nofziger and I'm super excited to be back at camp again in the camp director role! Little Eden has always held a special place in my heart. I am currently managing the family farm where I grew up, along with several other things to help keep myself busy. I spend time working in a local cabinet shop as well as working with the junior high youth at my church (Lockport Mennonite). I acquired my Basketball Referee License and have kept busy with that this winter, as well. I am counting down the days until we are at camp together having a whole lot of fun AND learning about the love of Jesus Christ all at the same time!

Whether this is your first time to come to Little Eden camp or you're a returning camper, you are in for a great week! We'll have plenty of fun swimming in Portage Lake, playing games, taking a hike to Lake Michigan, making new friends, and learning about how Jesus can change our lives. Our theme for camp is "Simon Peter- from Fisherman to Follower to Leader". We'll be learning about Simon Peter and his transformation from a fisherman to a courageous leader in the early church.

The daily themes include: *From Fisherman to Follower; From Faith to Failure to Faith; From Loyalty to Betrayal; From Fear to Courage; and From Rejection to Acceptance.*

These themes are taught and reinforced in a variety of ways. Singing, worship dramas, cabin devotions, creating crafts, memory work, games, and higher level thinking activities are all incorporated into the daily schedule of camp. It is going to be a lot of fun and we hope and pray that you will understand that you too can be changed by the power of God. 2 Peter 1:3 "His divine power has given us everything we need for life and godliness through our knowledge of him who called us by his own glory and goodness." We'll continue to make final preparations to make this the best week possible for you. The directors and all the counselors are thrilled that you will be able to attend camp and look forward to seeing you at Little Eden this summer.

Sincerely,

*Dan & Micky Graber
Galen Nofziger*

The Directors



Little Eden Camp ♦ 3721 Portage Point Dr ♦ Onekama, MI 49675 ♦ 231/889-4294

Spring 2009

Dear Campers and Parents:

We are thrilled that you will be a camper this summer at Little Eden Camp! A week at camp can be one of the best investments you can make in a young person. Please join the staff in praying for a safe and fun-filled two weeks at camp, and that the teachings and examples of this year's staff will impact the life of your camper for all of time and eternity!

Dan Graber and his wife, Micky, from Alabaster, AL, will once again direct both Boys & Girls Camp and the Junior Youth Camp. They will be ably assisted by Galen Nofziger. Little Eden is very fortunate to have the Grabers and Galen direct our children's camp programs. Their experience and their love for children and the Lord provide the positive role models children need in today's world!

Below are listed several requirements for each camper attending Little Eden Camp that you should be aware of. Each camper attending a camp at Little Eden ***must have***:

1. a ***"Camper Health History Form 1"*** completed and signed by a parent/guardian
2. We strongly suggest, but it is not required, that you also have your child's health care provider fill out the ***"Camper Health Care Recommendations by Licensed Medical Personnel Form 2"*** and that you return it to the address on the form with ***Form 1*** before May 31.
3. If your child is riding the bus to camp but returning home with someone other than a parent or guardian, you will need to submit the ***"Authorized Release Form"***

Please complete these forms immediately and return them to Judi Gongwer before May 31, 2009. The forms can be downloaded at www.littleeden.org. ("Calendar of Events" tab on home page.)

If you will be riding the bus to camp, please bring a sack lunch with you. Buses will depart Sunday morning (June 14 & June 21) from Zion Mennonite Church, Short-Buehrer Road, Archbold, Ohio at 7:30 am (EDST) and will arrive at camp at approximately 1:15 pm. The buses will return to Zion Mennonite at approximately 5:30 pm Friday afternoon. Please note that all camp fees must be paid before departing for camp! Payments will not be received prior to boarding the bus for camp. Refunds will not be issued after May 15 unless cancellation is due to illness or death in the family. Prior to May 15, full refunds will be issued less a \$15 administrative fee. (Indiana campers will be contacted individually regarding bus transportation to camp.)

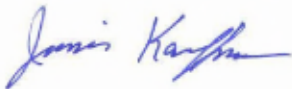
Items you will want to bring to camp with you include: a Bible, pen or pencil, notebook, sleeping bag or twin bed sheets and blanket, pillow, 3 towels, face cloth, tooth brush and paste, soap, comb, a modest swimsuit, tennis shoes, flip flops, a jacket or sweatshirt for cooler weather, and stationery. **Please limit your luggage to one suitcase, a sleeping bag/pillow, and one small carry-on size bag.** We also suggest that each camper bring \$20 or so for craft projects and snack shop items. Souvenir items such as sweatshirts (\$18-\$40), T-shirts (\$8-\$15), hats (\$15), and post cards (\$.25) are also made available to campers.

We want the camp experience for each camper to be not only safe, but a time of fun, spiritual growth, and community building. To set a proper environment at camp we will enforce the following policies:

1. All fireworks, firearms, and explosives are prohibited. Water balloons are also prohibited.
2. Campers are not to bring radios, TVs, iPods, computers, game machines, or other electronic items to camp with them. Cell phones will be collected on Sunday and returned on Friday.
3. Snack food should not be brought to camp. We will serve three balanced meals a day, and the snack shop will be open daily.
4. Phone contact with the campers should be limited. Part of the uniqueness of camp is removing the child from their familiar environments; we ask that you not call the camp to speak with your child unless it is an emergency. We will call you if there is an emergency at camp.

Should you have any questions or concerns about the above items, please call or write the camp. On behalf of Little Eden Camp and the entire youth camp staff, we thank you for entrusting one of your most valuable possessions to us; together we can make this a special week for your child.

Sincerely,



Junior Kauffman
Executive Director



Judi Gongwer
Camping Coordinator

REMINDER - Dates for 2009 camps:

Boys & Girls Camp (have finished 3rd, 4th, or 5th grade): June 14-19

Junior Youth Camp (have finished 6th, 7th, or 8th grade): June 21-26



FAQ - NEW HEALTH FORMS

- 1. Must my child have a physical to go to camp?**
No. We strongly recommend that you have your child's Doctor or Nurse Practitioner complete and sign Form 2, but this form is not required for attendance. We do, however, need to know the height and weight of your child. You should be aware that your health care provider may charge you to complete this form.
- 2. Why must I furnish my medical insurance information?**
In the event there would be an accident resulting in a trip to the hospital we need to have current and accurate information for your child to be seen. The accident and illness insurance carried by the camp is secondary to your health insurance.
- 3. What if a camper has had a positive TB test in the past?**
A statement from your Doctor or Nurse Practitioner stating that the chest X-ray as follow-up was clear should be submitted with your health form.
- 4. Are you really going to stock laxatives and lice shampoo in the camp Health Center?**
Not all items on the list will be stocked in the health center. The listing is only what *may be stacked* so that you or your health care provider can tell us which non-prescription medications **should not be** administered to your child. Please don't assume that we will have all of these items in the camp health center.

Should you have other questions, please feel free to email Judi Gongwer, camp coordinator, at lawnbank@kconline.com or call her cell phone. If she is not available, leave a message and she will return your call.

Little Eden Camp, 3721 Portage Point Dr, Onkama, MI 49675

Tel: 231/889-4292

Email: littleeden@littleeden.org

CAMPER HEALTH HISTORY FORM 1

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 May 31, 2009:

Judi Gongwer
28239 CR 26
Elkhart, IN 46517

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

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 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) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

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: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(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.)

Restrictions: 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 below.)

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 Company Phone Number (_____) _____

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

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

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 May 31, 2009:

Judi Gongwer
28239 CR 26
Elkhart, IN 46517

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: _____



AUTHORIZED RELEASE FORM

PLEASE RETURN TO:

**Judi Gongwer, Youth Camp Coordinator
28239 CR 26 Elkhart, IN 46517
Home: (574) 522-5600 Cell: (574) 596-4922
E-mail: lawnbank@kconline.com**

***ONLY COMPLETE THE FOLLOWING IF YOUR CHILD IS NOT RIDING THE BUS AND
WILL BE LEAVING CAMP WITH SOMEONE OTHER THAN A PARENT OR LEGAL
GUARDIAN:***

I, _____, parent of _____
(Parent) (Child)
give my consent for my child listed above, to be released into the custody of:

_____ on _____ from
(Name of party to whom your child is to be released) (Month, Day, Year)

Little Eden Camp in Onekama, Michigan. This authorization allows my child to leave Little Eden Camp on the above stated date with the named party and releases all liability from Little Eden Camp, Onekama, Michigan.

(Parent/Guardian Signature)

(Month/Day/Year)