



# CAMP PONDO

# PARENT INFORMATION

## PACKING LIST

1. Sleeping Bag/Blankets, Pillow & Towel
2. Personal care items (i.e. toothbrush, etc.)
3. Swimsuit (Girls: 1-piece or short & shirt covering)
4. Comfortable, casual clothes, & shoes
5. Sweatshirt or jacket (nights get cooler)
6. Optional spending money for snacks or souvenirs

## ACTIVITIES

**All activities are fully included in camp price!**

- Paint Ball
- Basketball
- Pool & Giant Slide
- Zip-Line
- Tree Climbing
- Giant Swing
- Hiking
- Mountain Biking
- Rock-Climbing Room
- Arts & Crafts
- Frisbee Golf

## MEDICAL INFORMATION

**\*Please do not send sick campers.**

### MEDICATIONS

Please give all **properly marked medications** and/or supplements **in their original containers** (or clear photos of original containers included) to your church leader so that they may turn the medications into the infirmary upon arrival.

You do not need to send over the counter medications such as Tylenol, Advil, Sudafed, etc. We keep a well-stocked infirmary and we can "patch-up" most scrapes, bruises, headaches, and stomachaches. If your child brings ANY medication or vitamins, it must be turned into the infirmary. The health code mandates that no medications be left unattended in the cabins.

### INJURY OR ILLNESS

If injuries or illnesses occur, a first aid certified staff member will tend to your child. If a major illness or injury occurs, 911 will be called immediately and the child will be transported to the hospital. Emergency personnel have approximately a five-minute response time to our facility. You will be contacted as soon as possible.

## CONTACTING YOUR CHILD

**CELL PHONES** - We encourage students to put away all cell phones as they can be a distraction from connection with other campers and with God.

**EMAIL** - Email your child at [mycamper@pondo.org](mailto:mycamper@pondo.org). Put the camper's name in the subject line. The email will be printed out and left in the cabin's mailbox.

**LETTERS/PACKAGES** - Parents may send a letter or small package to their camper. Please include the camper's name and church group on the package.

**US MAIL TO:** Camp Pondo, P.O. Box 1247, Running Springs, CA 92382-1247.

**SHIP TO:** Camp Pondo, 31324 Green Valley Lake Road, Running Springs, CA 92382



**CAMP  
PONDO**

# MEDICATION CHECK IN FORM

Please print this form and send it in a Ziplock back along with your child's medication.

**ALL MEDICATIONS MUST BE IN ORIGINAL PACKAGE** (or clear photo of original package included).

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Church/Group attending camp with: \_\_\_\_\_

**1. Medication Name:** \_\_\_\_\_

Dosage/Amount: \_\_\_\_\_

Special instructions for health tech/notes: \_\_\_\_\_

Take at (circle one):      Breakfast              Lunch              Dinner              Bedtime

**2. Medication Name:** \_\_\_\_\_

Dosage/Amount: \_\_\_\_\_

Special instructions for health tech/notes: \_\_\_\_\_

Take at (circle one):      Breakfast              Lunch              Dinner              Bedtime

**3. Medication Name:** \_\_\_\_\_

Dosage/Amount: \_\_\_\_\_

Special instructions for health tech/notes: \_\_\_\_\_

Take at (circle one):      Breakfast              Lunch              Dinner              Bedtime

**4. Medication Name:** \_\_\_\_\_

Dosage/Amount: \_\_\_\_\_

Special instructions for health tech/notes: \_\_\_\_\_

Take at (circle one):      Breakfast              Lunch              Dinner              Bedtime