

Sierra Hospice 20th Annual CAMP H.U.G.

(Hospice Understands Grief)



August 18, 19, & 20, 2017
Camp Ronald McDonald



- Safe Environment where kids feel comfortable sharing and expressing their grief with other grieving kids.
- Learn healthy ways to deal with grief and have FUN!
- Camp is free of charge

This special camp is for kids between the ages of 8 to 18 who have been impacted by the death of a loved one.

For Applications and further information about Camp H.U.G.
call Sierra Hospice office at (530) 258-3412
or visit our website at
www.sierrahospice.com

Space is limited to 35 campers and offered only once a year.
Completed paperwork must be in our office by Thursday August 3rd.
We do not provide transportation to or from camp.

Completed Applications can be mailed to us at
PO Box 95 Chester, CA 96020 or
Fax it in to us at 530-258-3001



150 Brentwood Dr.
Chester, CA 96020

Dear Parents and Guardians,

WELCOME TO OUR 20th ANNUAL CAMP HUG!

Please fill out all the pages in this packet for your child to attend Sierra Hospice's CAMP HUG (Hospice Understands Grief) and return pages 1-8 as soon as possible to:

Sierra Hospice
PO Box 95
Chester, CA 96020 or
Fax to (530) 258-3001

If you have questions, call me at (530) 258-3412

Paperwork must be turned in by August 3rd. Organizing the Circle Groups and Cabins must be completed days before the start of camp; therefore we must have your information in our office by the deadline. Participation is limited to 35 campers, so please return it as soon as possible.

This camp is wonderful and we guarantee your children will have a great time. If they are a bit nervous to attend, please assure them that EVERYONE feels the same way. They will feel comfortable within an hour or two after their arrival. We promise!

- ◆ Please read **ALL** the paperwork and fill out every page as clearly as possible.
- ◆ **Keep the pages designated to do so (p 9, 10, & 11).** You will need them.
- ◆ Make sure that your child brings a **momento item**. It can be a picture of their loved one or a treasured item. **This is important.** It is how they introduce who has died to the others in their Circle Group. All items are treated with the utmost respect.
- ◆ Plan to join us on Sunday at 11:30 AM for lunch and the closing of camp.

Thank you for participating in this important event.
We hope it makes a difference for you.

Sincerely,

Shirley Canalia

Shirley Canalia
Sierra Hospice Camp Coordinator

SIERRA HOSPICE'S CAMP HUG
A CHILDREN'S BEREAVEMENT CAMP INTAKE
YEAR _____

Please fill out the entire 8-page intake form. It is intended to help us to know more about your child and their reaction to the death of a loved one. Some of the behavior issues may not apply to your child, so there is a N/A (Not Applicable) column. However, it is important to be candid about your child's behavior.

1. Your child's name _____ Age _____ Birth Date _____
Name/nickname your child goes by _____ Shirt Size: (kid) S, M, L (adult) S, M, L, XL
Physical Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Phone (include area code) (H) _____ (C) _____
Email Address _____

2. What is the child's relationship to the deceased? The person who died was his/her:
 Mother Father Step-Mother Step-Father Grandmother Grandfather Sister
 Brother Other _____

3. Name of person who died _____ Age _____ Date of Death _____

4. What was the cause of death? _____

5. Is the child fully informed about the cause of death? Yes No If no, explain why the information has been withheld. _____

6. What other losses has this child experienced within the last 12 months? (Pets, friends, other family members, etc.)
If you need more space than available here, please list additional losses on a separate page and attach to intake.

7. Have there been other recent changes in this child's life? (Moved to a new location, changed schools, change in work or income situation, etc.) _____

This section is in regards to you, the parent or guardian of the child attending Camp HUG. In our efforts to provide effective bereavement care, it is helpful for us to know more about your situation.

Your name _____ Age: _____ What is **your** relationship to the child?

Mother Father Step-Mother Step-Father Guardian Other (*please specify*)

If you are the legal guardian to this child, you must provide legal proof of this. Please attach it to the returned intake form. If your address and phone is different than the child attending, please fill out the section below.

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone (*include area code*) (H) _____ (W) _____ (C) _____

Email Address _____

What was **your** relationship to the deceased? my wife my husband my ex-wife my ex-husband

my daughter my son my step-daughter my step-son other (*please specify*)

What is your reason for sending your child to Camp HUG? _____

How did you hear about Camp HUG? _____

Has your child ever spent a night away from home? Yes No

Has your child ever been to a mountainous area day or night and will they be comfortable in a mountain/cabin setting (minimally furnished: bunk beds, small bathroom area)? Yes No

Your Signature _____ Date _____

IN CASE OF EMERGENCY AND YOU CANNOT BE REACHED, WHO IS YOUR ALTERNATE CONTACT?

Name _____

Address _____

Phone numbers (*include area code*) Home _____ Work _____ Cell _____

Relationship to child _____

Please check the appropriate box in describing attitudes, behaviors or feelings of the child since the death has occurred.

8. Since the death, BEHAVIOR AT HOME has been:

- | | | | | |
|----------------|-------------------------------|-------------------------------|-------------------------------|------------------------------|
| A. Withdrawn | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |
| B. Aggressive | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |
| C. Cooperative | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |

9. Since the death, BEHAVIOR WITH SIBLING(S) has been:

- | | | | | |
|----------------|-------------------------------|-------------------------------|-------------------------------|------------------------------|
| A. Withdrawn | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |
| B. Aggressive | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |
| C. Cooperative | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |

10. Since the death, BEHAVIOR AT SCHOOL has been:

- | | | | | |
|----------------|-------------------------------|-------------------------------|-------------------------------|------------------------------|
| A. Withdrawn | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |
| B. Aggressive | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |
| C. Cooperative | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |

11. Grades at school are: Lower Better About the same

12. Since the death, RELATIONSHIPS WITH PEERS have changed in what ways?

- | | | | | |
|----------------|-------------------------------|-------------------------------|-------------------------------|------------------------------|
| A. Withdrawn | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |
| B. Aggressive | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |
| C. Cooperative | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |

13. DISCIPLINE: Since the death, the child has been:

- | | | | | |
|------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------|
| A. Cooperative | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |
| B. Uncooperative | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |

14. Was the child attending special education prior to the death? Yes No

15. Is the child in special education now? Yes No

16. What brings the child to special education? _____

17. EMOTIONS the child is experiencing since the death:

- | | | | | |
|------------|-------------------------------|-------------------------------|-------------------------------|------------------------------|
| A. Shock | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |
| B. Fear | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |
| C. Anger | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |
| D. Sadness | <input type="checkbox"/> More | <input type="checkbox"/> Same | <input type="checkbox"/> Less | <input type="checkbox"/> N/A |

E. Others (*please list*) _____

18. SLEEPING HABITS: _____

19. EATING HABITS: _____

20. DRUG/ALCOHOL HABITS: _____

21. Is the child seeing a counselor in school? Yes No

22. Is the child seeing a counselor privately? Yes No

23. How long has the child been seeing a counselor? _____ Comments: _____

24. Does this child have any allergies? Yes No

Does this child take medications? Yes No

Does this child have special dietary needs? Yes No

Does this child have restrictions on activities? Yes No

THESE HEALTH ISSUES ARE IMPORTANT FOR US TO BE INFORMED ABOUT. THERE IS SPACE TO EXPLAIN IN MORE DETAIL ON PAGE 6 OF THIS INTAKE FORM.

25. Is there anything else we need to know about this child? _____

26. Does this child have a sibling or other child attending THIS Camp HUG that has been affected by the same death? Yes No. If yes, please list by name, age, and relationship. (Sibling, cousin, friend, etc.)

If you need more space than available here, please list additional losses on a separate page and attach to intake.

Name: _____ **Age:** _____ **Relationship:** _____

Name: _____ **Age:** _____ **Relationship:** _____

Name: _____ **Age:** _____ **Relationship:** _____

27. Please list other immediate family members and ages.

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

28. Camp HUG is free of charge to all children and staff that attend. Funding is provided by Sierra Hospice, Forget-Me-Not Thrift Store, private donations and small grants. For grant purposes, please indicate if this child's household's gross annual income is at or less than the federal poverty level. Yes No See income guideline.

2017 CSBG Income Guidelines

HH Size	1	2	3	4	5	6	7	8
Yearly	12,060	16,240	20,420	24,600	28,780	32,960	37,140	40,890

For families with more than 8 persons, add \$4,180 for each additional person.

29. Name of the **county** this child resides in: _____

CAMP HUG

PERMISSION TO PHOTOGRAPH CHILD / PUBLISH

Your child will be photographed upon their arrival at Camp HUG. This is to insure that we have a current photo of your child as well as helping staff to become familiar with all the new children we are meeting. As for permission to publish, Sierra Hospice puts together a Camp HUG newsletter and picture DVD after each camp and mails them to all campers and staff that attended. There may be pictures included in this newsletter. In addition, photos of Camp HUG are occasionally used in Camp HUG recruitment advertising, fundraising presentations, our annual hospice newsletter in November, and our website.

We realize that for some children attending Camp HUG, photographing the child may be an issue for their situation. We do our best to honor "No photographs" requests, but it is difficult to separate the child from group photos or activities such as Circle Group, Skits, activities like swimming and archery, etc. Removing the child from the group in order to take pictures can be upsetting for the child, making them feel self-conscious. Sometimes, in spite of our efforts, the child may be included in these photos.

- I give permission for my child to be photographed at Camp HUG.
- I give permission for my child's pictures / slides / videos to be used for camp fundraising, education, and recruitment purposes.
- I give permission for photographs of my child to be used in a post camp newsletter, which each camper will receive.
- I give permission for my child's address / email to be used in the post camp newsletter so that other campers can stay in contact if they choose to do so.
- NO. PLEASE DO NOT PHOTOGRAPH MY CHILD FOR YOUR PURPOSES LISTED ABOVE, OTHER THAN THE PHOTO TAKEN UPON HIS/HER ARRIVAL AT CAMP HUG.** I have explained to my child the reason for this request and he/she will make every effort to remove themselves from photo situations and cooperate with staff's efforts to honor this request.

Child's Name: _____

Adult's Signature: _____

Your relationship to the child: _____

PLEASE NOTE: Address and email lists are only available to those who attended the camp. They are intended for camp kids and staff to stay in touch if they choose to.

**CAMP HUG CHILD ~ AUTHORIZATION FOR THIRD PARTY TO
CONSENT TO TREATMENT OF MINOR LACKING CAPACITY TO CONSENT
YEAR _____
(Child Form)**

(I) (We), the undersigned, parent(s)/person having legal custody/legal guardianship of _____, a minor, do hereby authorize the staff of Camp HUG as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is lobe rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority to the above described agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization is given pursuant to the provisions of Family Code Section 6910.

(I) (WE) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of Family Code Section 6910 to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Health and Safety Code Section 1283.

These authorizations shall remain effective until (*month and day*) _____ (*year*) _____, unless sooner revoked in writing delivered to the agent(s) noted above.

Signature _____ Relationship _____ Date _____

MEDICALLY RELEVANT INFORMATION FOR MINOR (*please print as clearly as possible*)

Name _____ M/F _____ Date of Birth _____ Age _____

Mother's name/address _____

Mother's phone number(s) (*include area code*) Home _____ Work _____ Cell _____

Father's name/address _____

Father's phone number(s) (*include area code*) Home _____ Work _____ Cell _____

Allergies to drugs or food _____

Special dietary needs _____

Conditions for which minor is currently being treated _____

Current medications _____

Restrictions on activity _____

Primary Care Physician (*name and number*) _____

IN CASE OF EMERGENCY CONTACT

Name _____

Address _____

Phone numbers (*include area code*) Home _____ Work _____ Cell _____

SIERRA HOSPICE'S CAMP HUG
A CHILDREN'S BEREAVEMENT CAMP
Agreement, Waiver, and Release of Liability

CAMP DATE / YEAR _____
(Child Form)

I hereby consent that my son/daughter _____ may participate in the Sierra Hospice Bereavement Camp activities as listed in the attached Camp HUG program outline, and I hereby execute the Agreement, Waiver, and Release of Liability on his/her behalf. I state that the said minor is physically able to participate in all said activities.

I hereby release Sierra Hospice and Seneca Healthcare District, its directors, officers, employees, volunteers, and agents from all liability for any act of negligence or wants of ordinary care on the part of Sierra Hospice and Seneca Healthcare District or any of its agents. In consideration of my child's participation in events organized or sponsored by Sierra Hospice, I waive, release, and discharge Sierra Hospice and Seneca Healthcare District, its directors, officers, employees, volunteers, agents, members, their representatives, heirs, executors, and assigns from any and all claims of liability for injury or damage to my child, myself, or my property arising out of my child's participation. This agreement is binding on my executors, heirs, and assigns.

I agree that I will defend, indemnify, and hold harmless Sierra Hospice and Seneca Healthcare District, its directors, officers, employees, members, and agents against all claims, demands, and causes of action including court costs and actual attorney fees arising from any proceeding or lawsuit brought by or prosecuted for my child's benefit or my benefit in which this release is upheld.

Sierra Hospice and Seneca Healthcare District, its directors, officers, employees, volunteers, members, or agents shall not be liable for any damages which may occur from any cause or as a result of fire, theft, running away, state of health, or injury to person or property.

I, the undersigned parent or legal guardian of the above named participant, in consideration of my minor's participation in the Sierra Hospice's Camp HUG, a Children's Bereavement Camp, agree that the terms and conditions of the Agreement, Waiver, and Release of Liability shall be binding as to death or injury or property damage to my minor arising out of his/her participation in camp activities.

I acknowledge that I have read this Agreement, Waiver, and Release of Liability and know and understand its contents.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

*Legal Guardian's Signature _____ Date _____

*Proof of legal guardianship must be provided.

**CAMP RONALD McDONALD'S
WAIVER AND RELEASE OF LIABILITY,
CONSENT TO NECESSARY MEDICAL TREATMENT
AND AUTHORIZATION FOR USE OF PHOTOGRAPH**

CAMP DATE / YEAR _____
(Child Form)

1. **Consent to necessary medical treatment.** I, _____ maintain that my child, _____, is in satisfactory condition and may engage in all usual camp activities as they have been explained to me. At any time that my child is on the Camp Ronald McDonald premises, I, the undersigned, hereby consent to any medical and/or other treatment as may be considered necessary by a qualified physician, nurse, camp director, and/or the camp director's designee. In case of emergency, I give permission to the camp director and /or his or her designee to hospitalize and /or secure other emergency treatment for my child. I, the undersigned, hereby acknowledge that the use by my minor child of the facilities, premises, or equipment of Camp Ronald McDonald is permissive only and is subject to the terms of this release.

2. **Authorization for use of photo.** I hereby authorize Camp Ronald McDonald and Ronald McDonald House Charities, Inc. to use, for any purpose whatsoever, any photograph (including digital media and videotape) taken at or near Camp Ronald McDonald that contains my child's likeness.

3. **Release and waiver of liability and indemnity agreement.** I further agree to indemnify, protect, defend, and hold harmless Camp Ronald McDonald, Ronald McDonald House Charities and their directors, officers, employees, volunteers, and/or agents from and against any cost, damage, expense, claims, or liability caused by or arising out of my child's use of, presence at, or trip to or from the facilities of Camp Ronald McDonald, including any injury to or death of any person, any damage to any real or personal property on or about the Camp or belonging to Camp Ronald McDonald or Ronald McDonald House Charities, Inc. and any attorney's fees and/or costs arising out of this Agreement.

I, the undersigned, hereby waive any and all claims that I or my heirs may have against the directors, officers, employees, volunteers, and/or agents of Camp Ronald McDonald or Ronald McDonald House Charities, Inc. for any injuries or property damages which may arise while my child is on the Camp Ronald McDonald premises. I acknowledge that this waiver includes any claim for wrongful death, personal injury or property damage suffered by my child caused by or arising out of negligence of Camp Ronald McDonald, Ronald McDonald House Charities, Inc., or their directors, officers, employees, volunteers, and/or agents.

Parent or Guardian Signature _____ Date _____

Camper's Signature _____ Date _____

**SIERRA HOSPICE'S CAMP HUG
A CHILDREN'S BEREAVEMENT CAMP**

(KEEP) DEAR PARENTS AND GUARDIANS:
THIS IS IMPORTANT INFORMATION FOR YOU.
PLEASE TAKE THE TIME TO READ IT.

*It is essential that your children **arrive and depart** Camp HUG at the **scheduled times**. Please see the schedule included with this packet.*

*Staff arrives early and is busy with camp preparation.
Children arriving too early impede the necessary preparation work.*

IT IS VERY IMPORTANT THAT CHILDREN DO NOT ARRIVE LATE, ESPECIALLY AFTER NIGHTFALL. THIS CAN CAUSE GREAT DISTRESS FOR THE CHILD AND PARENT. THE SCHEDULE IS FULL OF ACTIVITIES THAT BEGIN AS SOON AS THE KIDS ARRIVE. THEY ARE DESIGNED TO BREAK THE ICE AND CREATE A COMFORT ZONE. IT IS BEST IF THE KIDS DON'T MISS ANY OF IT! PLEASE MAKE THE BEST EFFORT TO ARRIVE BETWEEN 4:00 PM - 5:00 PM.

PARENTS AND GUARDIANS (AND SIBBLINGS THAT DID NOT ATTEND CAMP HUG) ARE STRONGLY ENCOURAGED TO PLAN ON JOINING US FOR LUNCH ON SUNDAY, OUR TREAT! WE INVITE YOU TO PARTICIPATE IN OUR CLOSING CAMPFIRE.

HOWEVER, PLEASE DO NOT ARRIVE BEFORE 11:30 AM TO PICK UP YOUR CHILDREN. CAMP ACTIVITIES ARE STILL BEING CONDUCTED AND EARLY PARENT ARRIVAL IS VERY DISTRACTING.

*Thank you for trusting us with your precious ones.
We look forward to a wonderful, productive, and fun Camp HUG with them.*

(KEEP) CAMP HUG SUPPLIES YOU NEED TO BRING

PLEASE KEEP THIS PAGE - DO NOT RETURN IT WITH YOUR PAPERWORK.

It is essential that you arrive and depart Camp Hug at the scheduled times in order to receive maximum benefit from this camp experience.

VERY IMPORTANT: EACH CHILD NEEDS TO BRING AN ITEM OR MOMENTO SPECIAL TO THE MEMORY OF THEIR LOVED ONE. THIS MIGHT BE A PICTURE OR OBJECT THEY GAVE THEM THAT IS A SPECIAL TREASURE. THE ITEM SHOULD BE SMALL ENOUGH TO FIT IN A SHOEBOX.

SUGGESTED CLOTHING: Weather and temperatures tend to vary at Eagle Lake. It may be very warm in the afternoon, very cool in the mornings and evenings, we suggest bringing clothing suitable for both temperatures.

- Sweater, sweatshirt, or warm jacket
- Warm sleepwear
- Sturdy tennis shoes
- Sandals or water shoes for the lake
- Underclothing for 2 days
- Hat (especially those sun sensitive)
- Shirts, pants, shorts for 2 days
- Don't forget socks!
- Bathing suit and cover-up (optional)

SUGGESTED BEDDING: Each camper has their own bunk in a cabin. Cabins have a toilet, sink, and electricity. Conditions are not primitive. Each cabin is staffed with at least two Cabin Moms or Cabin Dads.

- Sleeping bag or bedroll (sheets and blankets work fine)
- Quilt or extra blanket (it can get chilly at night!)
- Pillow
- Stuffed sleeping buddies are welcome!
- You may want to bring a flashlight. There is lighting, but some areas may be difficult to see in at night.

SUGGESTED TOILET ACCESSORIES: There are separate shower houses for boys and girls. And for those of you who can't leave home without them, electricity for your blow dryers!

- Towels and washcloths for 2 days
- Beach towel
- Soap
- Shampoo
- Brush/comb
- Toothbrush and toothpaste
- Sanitary needs

PLEASE NOTE: NO ELECTRONICS (i.e. IPODS, iPADS, CD PLAYERS, GAMEBOYS, ETC.) AS THEY DETRACT FROM THE FOCUS OF CAMP. CAMPERS MAY BRING CELL PHONES, BUT SERVICE IS RARELY AVAILABLE IN THIS AREA. IF YOUR CHILD IS ALREADY KEEPING A JOURNAL, THEY MAY WANT TO BRING IT TO CAMP, AS JOURNALING IS ENCOURAGED.

ABSOLUTELY NO ENERGY/POWER DRINKS!

BE SURE TO SEND ANY MEDICATIONS THAT YOUR CHILD IS TAKING. THEY WILL BE TURNED OVER TO OUR REGISTERED NURSE WHO WILL OVERSEE AND DISTRIBUTE THEM TO YOUR CHILD AS PRESCRIBED.

(KEEP)

DIRECTIONS TO CAMP RONALD McDONALD AT EAGLE LAKE, CALIFORNIA

~ YOU KEEP THIS PAGE ~ DO NOT RETURN IT WITH YOUR PAPERWORK ~

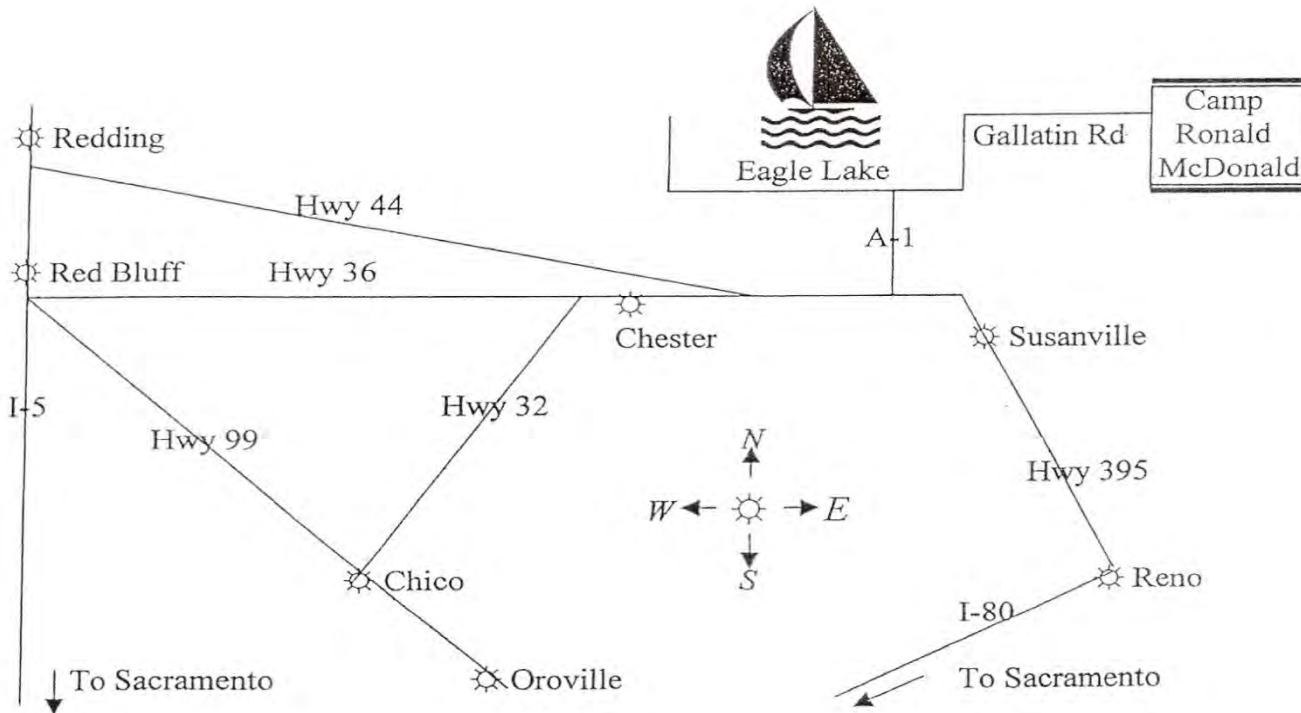
FROM SACRAMENTO AREA: I-80 to Reno. From Reno, take Hwy 395 North to Susanville. Hwy 395 becomes Susanville's Main Street; follow that through town until it becomes Hwy 36. **(DO NOT TAKE THE ROAD TO EAGLE LAKE IN THE MIDDLE OF TOWN.)** Hwy 36 begins at the top of Susanville's Main Street and continues on to Red Bluff.

EAGLE LAKE ROAD: About 3 miles outside of Susanville on Hwy 36 turn onto the Eagle Lake Road (AKA Hwy A-1). Follow this mountainous road approximately 14 miles. As you approach the lake and level ground, follow the signs directing you to turn right to the Marina, through Forest Service Campgrounds, and then to Camp Ronald McDonald. Directions are well posted.

FROM CHICO AREA: Take Hwy 32 to Chester. At the end of Hwy 32, turn right on Hwy 36 (also Hwy 89) to Chester, about 13 miles. Hwy 36 becomes Chester's Main Street; follow through town and continue toward Susanville approximately 30 miles to the Eagle Lake Road (AKA Hwy A-1) which will be on your left. See above directions for after turning on to Eagle Lake Road.

FROM RED BLUFF AREA: Take Hwy 36 to Chester and follow above directions.

FROM REDDING AREA: Can either go to Red Bluff then up Hwy 36 through Chester or take Hwy 44, passing through Old Station. Hwy 44 eventually runs into Hwy 36 (turn left on Hwy 36) and you are just a few miles from the Eagle Lake Road turn off, which will be a left turn also. See above for Eagle Lake Road directions.



IF YOU GET LOST, CALL CAMP RONALD McDONALD AT (530) 825-3158 FOR ASSISTANCE.