



STANDING ORDERS FOR HEALTH SCREENING AND MEDICAL TREATMENT PROCEDURES AT CAMP MARSHALL

POISON CONTROL 1-800-222-1222

1. Health Screening

1. The person or persons assigned to work in the health center shall be authorized to conduct screening of campers and staff at Camp Marshall for the camp season in accordance with standing orders.
2. The person responsible for screening the campers and/or staff must have in hand the individual's health history/health examination form including a record of at least the first series of vaccinations for COVID 19.
3. The history/exam form shall be checked to see if it has been signed by the parents/guardian/adult responsible for the individual within 6 months of camp attendance.
4. The screening (under normal circumstances) shall occur when campers or staff person arrive at camp or within 24 hours of arrival.
5. The history/exam form shall be kept at the health house when the camper is in camp, and a copy sent with the trip leader when out of camp.
6. Screening shall include identification and notation on the health record of any observable evidence of:
 1. Illness (fever, abnormalities of eyes, nose, ears, teeth, etc.)
 2. Disability
 3. Communicable disease including COVID, pediculosis, scabies, or athlete's foot.
 4. Any other observations of note
7. Screening shall include review of the health history/exam for:
 1. Current medication and/or treatment procedures. In the case of medications for long term conditions, consultation with parent/guardian and camper during screening will be done to determine who the most appropriate person is to keep, administer and report administration of the medication or treatment.
 2. Dietary restrictions
 3. Allergies
 4. Physical limitation
8. Any evidence of illness, communicable disease or disability shall be discussed with camper and parent/guardian. Depending on the situation:
 1. Treat with medical treatment in standing orders
 2. Refer to physician for exam and/or medication/treatment and return to camp.
 3. Send home after consultation with Camp Director
 4. Integrate into camp program after consultation with Camp Director

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9. **Verification of Absentees**

The Camp Health Care Provider must report all no-shows and add-ons to the Camp Director and the office as soon as possible. The Camp Director will provide the main office with all no-shows and add-ons and the lists will be compared. Verification will be through the Camp Office or through phone calls to a camper's guardian or emergency contacts.

2. **Daily Health: Counselors Role** **Camper Health**

All campers during their first day of camp are to be screened by the Camp Health Care Provider for COVID, bruises, head lice (staff will need to help with checks), illnesses (colds, etc., limps or impairments) using the Health Screening and Authorization form. Medication will be administered by the Camp Health Care Provider or by his/her designee. The Camp Health Care Provider will let counselors know which campers need meds during the day. Counselors are responsible to get campers to the Health Care Provider on time at the Health Center.

As a routine, the Camp Health Care Provider will dispense medications unless the camper goes off site. In that case, the trip leader or the camper will dispense the medication per the parent's request.

Counselors are to review the health of their campers daily, **including checking for ticks**. If appropriate, counselors will contact the Camp Health Care Provider to determine the best course of action for a sick or injured camper. The Camp Health Care Provider will post a note on the health center when he/she is on camp, stating where he/she is and the estimated time of return. The Camp Health Care Provider will return the camper's medications kept in the dispensary on the last day of each session to the parent, who will ensure they are returned home with the campers.

If a parent is not picking up their camper in person, and staff are driving campers' home, the Camp Health Care Provider will appoint a staff person on the trip to make sure that the medications are returned home with the campers.

Counselors are expected to model good hygiene and health practices. Regularly wash hands, keep cabins clean and in good order, ensure campers are getting plenty of sleep and take care monitoring what your campers are eating. Also be sure to model drinking water and make sure your campers are staying hydrated.

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Common COVID-19 Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: Any time a camper or staff person has any (or more) of these symptoms they will need to go to the Camp Health Care Provider to administer a COVID test (on site). If tests are not available go to initial care in Polson to be tested.

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting or diarrhea.

3. Medical Treatment

1. Transportation to hospital (or clinic as appropriate) will be called immediately for diagnosis and treatment of the following conditions:
 1. Any communicable/contagious disease such as:
 1. Measles, mumps, chicken pox, etc.
 2. Conjunctivitis
 2. Second degree and beyond burns (sun, thermal, electrical)
 3. Severe allergic reaction
 4. Any severe or uncontrolled bleeding
 5. Fever above 102.4 degrees F without other symptoms
 6. Bloody sputum
 7. Internal ear pain
 8. Any lodged foreign body in eye
 9. Any injury or scratch on eye
 10. Any loss of consciousness/convulsions - no matter how brief
 11. After head injury: check with physician if any of the following occur:
 1. Continued vomiting.
 2. Pupils' unequal
 3. Confusion or excessive drowsiness
 4. Abnormal movement or lack of movement of the arms or legs
 5. Marked restlessness.
 6. Increasingly severe headache
 7. Development of an unexplained fever
 8. Convulsions

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9. Abdominal pain with rigidity or vomiting more than 8 hours and/or fever above 101 degrees F.
 10. Diarrhea for 1 day, fever, blood in stool, extreme cramping, pain
 11. Moderate to severe sprain or obvious fracture
 12. Severe diabetic hyperglycemia or hypoglycemic reaction
2. Parent/Guardians will be notified whenever physician treatment is requested.
 3. Written records and Health form shall accompany person off campgrounds.
 4. **The Camp Health Care Provider** has these standing orders for the following situations:
 1. General
 1. Over the counter (OTC) drugs and medications included in standing orders should be used sparingly in most instances and used only after other means of non-pharmacologic care have failed. When administering OTC medications consult the age and weight dose guidelines on the original packaging before administration to the camper or staff. This is especially important for younger children as some medications are not approved or appropriate under certain weight or age ranges. When purchasing these items, the local pharmacist is a good resource in selecting available OTCs.
 2. Depending on the emergency, patients may be transported by camp vehicle or emergency vehicle. Patient will be accompanied by a qualified staff person in addition to the driver.
 2. Skin
 1. Bumps and bruises:
 1. Wrapped cold or ice pack if necessary to reduce bleeding or swelling.
 2. Abrasions, scratches, and cuts:
 1. Rinse the wound in clean water to loosen and remove dirt and debris. Use a soft washcloth and mild soap to clean around the wound. Don't place soap in the wound. That can hurt and cause irritation. Use tweezers to remove any dirt or debris that still appears after washing. Clean the tweezers first with isopropyl alcohol. Don't pick at the wound. Do not use hydrogen peroxide or iodine products to clean a cut or scrape. If the wound can't be cleaned, it needs medical attention.
 2. Leave open or cover with sterile bandage.
 3. May use butterfly bandage to hold skin together.
 4. May apply antibacterial ointment or cream such as: Polysporin or Bacitracin zinc ointment. Rinse with warm water, dry and reapply ointment 2 times daily. Stop using ointment if a rash appears.

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5. For puncture wounds, contact physician and transport for tetanus injection (within 72 hours) if patient has not had immunization in the last 5 years. For deep punctures seek medical care for possible antibiotic prescription.
3. Splinters:
 1. Remove with tweezers or needle cleaned with isopropyl alcohol.
 2. Clean and care for as abrasions
4. Infections/infestations:
 1. Check for Impetigo – if suspected, follow these steps:
 1. Isolate the camper. Clean area camper has been in completely.
 2. Report to Camp Director
 3. Check cabin group for symptoms.
 4. Check with physician for proper diagnosis and treatment.
 2. Mild skin infections:
 1. Clean and treat 2 to 3 times per day with bacitracin ointment or cream.
 2. May soak in warm water.
 3. Ringworm suspected.
 1. Check with physician.
 2. May treat with clotrimazole cream twice daily if doctor recommends.
 3. Needs to be diagnosed by a health care provider but typically is not an emergency. The parents should be notified so they can arrange for diagnosis and treatment.
 4. Pediculosis (Head lice)
 1. Apply Nix (permethrin) shampoo or cream rinse per label directions as soon as possible. The local pharmacist can provide advice as to which product is available.
 2. Remove all visible nits from hair all over the head and eyebrows with a fine-tooth comb. Especially check the areas behind the ears and the nape of the neck.
 3. Wash and dry all clothing and bedding.
 5. Scabies suspected.
 1. Use permethrin 5% cream (Emilite) as recommended by physician.
 2. Wash and dry all clothing and bedding.
 6. Other skin conditions: check with physician

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5. Burns (heat, thermal):
 1. Minor
 1. Run under cold water for 20 minutes as soon as possible.
 2. DO NOT USE ICE
 3. May use anesthetic benzocaine spray (Solarcaine, Lanacane)
 2. Moderate (no blisters)
 1. Rest and fluids
 2. Hydrocortisone cream – may apply twice daily.
 3. Ibuprofen for pain -check label for kid's dose
 4. May use anesthetic benzocaine lotion, ointment, or spray (Solarcaine, Lanacane) or aloe vera product.
 3. Blisters, fever, and beyond: contact physician
 4. Sunburn – if not blistered may use benzocaine spray.
6. Insect bites and stings:
 1. Mild
 1. Be sure stinger is scraped out with a tweezer or needle that has been cleaned with isopropyl alcohol.
 2. If necessary, cleanse as per abrasions
 3. Apply calamine lotion if needed for itching.
 4. See #11 for treatment of mild allergic reaction.
 2. Severe or allergic reaction (swelling of face or neck; difficulty breathing). See Epi-pen instructions and CALL 911 and contact physician.
7. Athlete's foot suspected: needs to be diagnosed by a health care provider but typically is not an emergency. The parents should be notified so they can arrange for diagnosis and treatment.
8. Bleeding:
 1. General-Pressure and elevation
 2. Nose-sit with head forward; direct pressure; cold pack
 3. Depending on location of wound, a tourniquet may be appropriate if staff have been trained in use. Transport to emergency room. Use gloves if readily available.
 4. Severe and/or continued -contact physician and transport to emergency room.
 5. Use gloves if readily available.
9. Blisters:
 1. Clean skin
 2. Protect the area from further injury.
 3. DO NOT BREAK, POP, OR PUNCTURE
 4. Treat broken blister as any other abrasion

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3. Respiratory
 1. Sore Throat
 1. Without fever-not red may use acetaminophen according to package directions and/or throat lozenges or saltwater gargle
 2. With fever above 101 degrees F. - Evaluate at clinic
 3. Red or pus pockets in throat/on tonsils - Evaluate at clinic.
 2. Congestion/runny nose
 1. May use guaifenesin plain 400 mg (Guiatuss, Robitussin) or equivalent every 4-6 hours if over 12 years of age OR guaifenesin 600 mg extended release every 12 hours as needed if over age 12 years.
 3. Cough
 1. Mild: A teaspoon of honey as needed is helpful for cough.
 2. May use guaifenesin plain 400 mg (Guiatuss, Robitussin) or equivalent every 4-6 hours if over 12 years of age OR guaifenesin 600 mg extended release every 12 hours as needed if over age 12 years.
 3. May use throat lozenges or other cough drops.
 4. Bloody sputum or fever above 101 degrees F.-Contact physician
 4. Asthmatic Attack
 1. Use child's emergency inhaler medication, repeat inhaler in 10 to 15 minutes if no improvement. If not improved with second dose, transport to emergency room.
4. Eye
 1. Foreign body
 1. May remove loose foreign body if easily removable while wearing gloves.
 2. Lodged foreign body.
 1. Patch both eyes with lids closed to prevent further injury.
 2. Contact physician.
 3. Transport to clinic or emergency room
 2. Scratch-see lodged foreign body procedures -Contact physician.
 3. Conjunctivitis (infection v. allergy) -Contact physician
5. Ear
 1. Earache (inner ear)
 1. Contact physician.
 2. Swimmer's ear -should be evaluated by professional to rule out eardrum perforation before using ear drops.
 1. Have child dry ear well after bathing and swimming for prevention.
6. Fever above 102.4 degrees F. contact physician if no other symptoms present

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7. Head
 1. Injury
 1. Any loss of consciousness: Contact physician and transport
 2. Notify physician and transport patient to hospital immediately if any of the following occur:
 1. Continued vomiting.
 2. Marked restlessness.
 3. Increasingly severe headache
 4. Development of unexplained fever
 5. Convulsions
 3. For headache/swelling/pain may use: cold pack, ibuprofen. Patients should eat and drink fluid lightly for a day or two and avoid alcoholic drinks.
 2. Headache (mild to moderate)
 1. Check temperature.
 2. May use ibuprofen, acetaminophen, or patient's own medication.
 3. Headache (severe)
 1. Use patient's own medication.
 2. Check for injury.
 3. Contact physician.
8. G.I. Tract:
 1. Abdominal pain/nausea/vomiting
 1. Mild to Moderate without fever or other symptoms-may give an over-the-counter drug **once only** such as:
 1. Pepto-Bismol (bismuth subsalicylate)
 2. Calcium Carbonate (Tums or equivalent)
 2. Severe pain, rigidity or vomiting - Contact physician for evaluation.
 3. Vomiting more than 24 hours or fever above 101 degrees F. for more than 8 hours or dehydration - Contact physician
 2. Diarrhea
 1. Clear fluids
 2. If no improvement, may give loperamide (Imodium) according to label direction only if over 14 years of age.
 3. If continued for 1 day, fever, blood, extreme pain, or cramping - Contact physician.
 3. Constipation
 1. Prune, pear, or fresh fruit juice (some may experience constipation with apple juice)
 2. Increase fluids.
 3. Increase fiber in diet.
 4. Milk of Magnesia according to package instructions only for age 12 or older

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9. Diabetes:

1. Assess individual camper during arrival health screening for following:
 1. Diet schedule and plan
 2. Insulin-type and dosage
 3. Activity
 4. What monitoring and care to be assumed by camp
 5. Individual signs of hypoglycemia and hyperglycemia and usual methods of treatment.
2. Assure that program leader knows the child's diet schedule, insulin monitoring times, activity, signs and symptoms of hypoglycemia and hyperglycemia.
 1. Hypoglycemia manifestations
 1. Rapid onset
 2. Lability of mood
 3. Irritability
 4. Shaky feeling
 5. Headache
 6. Impaired vision
 7. Hunger
 8. Convulsions/unconsciousness
 9. Individual camper specific manifestations
 2. If child suspected of hypoglycemia
 1. Follow camper's usual treatment – check glucose with monitor.
 2. For glucose less than 70 in children younger than 12 years old, give four 4-gram instant glucose tablets. For people over 12 give five 4-gram tablets.
 3. Recheck with glucose monitor 15 minutes after treatment.
 4. If glucose is still less than 70 at 15-minute check, repeat the same glucose tablet treatment.
 5. Repeat steps till glucose is greater than 70.
 6. Follow with a healthy snack or meal.
 7. If camper is too ill to take the tablets or is not improving, transport to ER.
 3. Hyperglycemia manifestations
 1. Gradual onset
 2. Weakness
 3. Increased thirst/urination
 4. Signs of dehydration
 5. Nausea and vomiting
 6. Abdominal pain
 7. Acetone breath
 8. Rapid, deep respirations
 9. Coma
 10. Individual camper specific manifestations

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4. If child suspected of hyperglycemia
 1. Check glucose with monitor and follow camper's usual treatment.
 2. For symptoms #4 through #9, transport to the ER.
 3. Contact physician.

10. Fractures/Sprains:
 1. Mild to moderate sprain
 1. Apply cold pack for 10 minutes to 30 minutes at a time with 1 hour between sessions. Don't apply cold pack directly to skin.
 2. Wrap with ACE wrap and elevate. Avoid wrapping too tightly.
 3. May use Ibuprofen for discomfort according to label directions.

 2. Moderate to severe sprain or suspected fracture
 1. Move as little as possible, splint limb, transfer to ER and contact physician.

11. Mild allergic reactions (hives, very swollen insect bites, "runny" eyes/nose) may use:
 1. Diphenhydramine (Benadryl) elixir or capsules – according to label instructions. Check with doctor before using under age 12.
 2. Hydrocortisone Cream OTC- antipruritic/analgesic 3-4x per day as needed for itchy skin.

12. Ingestion of Poisonous substance
 1. **Call Poison Control at 1-800-222-1222**
 2. Contact physician and transport to clinic if needed.

13. Heat Related Injury - Prevention is best – ensure adequate oral fluids, sun hat or overhead shade. Avoid excess physical activity which may not be appropriate for the person or the weather conditions.
 1. Dehydration:
 1. Signs and symptoms: thirsty, headache, dizziness, irritability, stomachache
 2. Treatment: Rest in cool shady place; drink small to medium amounts of commercial sports drink, juice, or water; administer Electro tabs according to label directions, if needed. Transport to medical facility if not improving.

 2. Heat Cramps:
 1. Signs and symptoms: painful muscle spasms that usually occur in legs and abdomen.
 2. Treatment: move to cool place; remove excess clothing; cool by spraying with cool water or applying cool, wet towels to skin; fan; encourage drinking of lesser amounts of commercial sports drink, juice, or water if able to swallow.

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3. Transport to medical facility or contact physician if no improvement or if condition worsens.
3. Heat Exhaustion:
 1. Signs and symptoms: cool, moist, pale, ashen, or flushed skin; headache; nausea; dizziness; weakness and exhaustion; and heavy sweating.
 2. Treatment: see treatment for Heat Cramps
4. Heat Stroke:
 1. Signs and symptoms: red, hot, dry skin; changes in state of consciousness: vomiting; weakness: rapid pulse or rapid breathing
 2. Call 911 for transport.
 3. Treatment while awaiting transport: move to cool place; remove excess clothing; submerge in cold water if possible, or cool by spraying with cool water or applying cool, wet towels to skin; fan; encourage drinking of lesser amounts of commercial sports drink, juice, or water if conscious and able to swallow.
5. Records:

A record of all treatments will be kept in ink by the Camp Health Supervisor in a daily medical log and/or individual camper medical record forms and shall include the following information:

 1. Date, time, and name of person injured or ill.
 2. General description of injury or illness
 3. Description of treatment (if administered)
 4. Initials of person evaluating and treating
6. Accident reports completed for all accidents resulting in injury requiring doctor and/or hospital treatment.
7. The administration of drugs on a daily, routine schedule to **several** campers may be recorded in one entry at the end of the session by appending daily medication records to the log.
8. Trip leaders shall keep a daily medical log and it shall be given to the Camp Health Supervisor as soon as possible. The Health Supervisor shall append such information to the daily medical log.
9. Tick information sheet will be made available to all parents and individual parents will be informed of any known tick bite at the time child goes home.

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Camp Marshall Communicable Disease Plan Addendum to the Camp Marshall Standing Orders

Important Contacts:

Diocesan Office: (406) 442-2230

Providence St. Joseph Medical Center (406) 883-5680

Poison Control: 1-800-222-1222

Emergency: 911

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Emergency: 911

When a camper and or staff person presents symptoms that may be a communicable disease:

Identify likely mode of disease transmission.

Airborne Droplet: Common cold, COVID-19, respiratory illnesses, influenza, etc.

Skin to skin: ringworm, conjunctivitis, lice, scabies, etc.

Indirect Contact: fecal-oral diseases, norovirus, other gastrointestinal illness, E.coli, etc.

Airborne Droplet procedure:

- Have camper/staff and people nearby wear masks or face coverings that cover nose and mouth. Open windows and increase airflow if indoors.
- Test for COVID-19 with rapid antigen test.
- Isolate camper/staff in an unoccupied cabin with curtains open (must be able to see camper/staff at all times). Care for camper/staff according to symptoms.
- Monitor cabinmates and close contacts for illness.
- If camper/staff needs to recover at home, contact family as soon as possible.

Skin to Skin procedure:

- Use gloves and take extra precautions not to come into contact with patient's skin or clothing.
- Collect clothing and bedding (all personal items) using gloves and store in plastic bags sealed tightly.
- Disinfect cabin and common areas thoroughly, paying particular attention to mattresses, soft surfaces, and high-touch areas.
- Treat camper/staff and close contacts according to the illness.
- Monitor cabinmates and close contacts for illness.
- If camper/staff needs to recover at home, contact family as soon as possible.

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Indirect Contact procedure:

- Use gloves and be diligent about hand hygiene. Face coverings are appropriate if directly caring for someone vomiting or cleaning any body fluids.
- Use appropriate spill kits to clean and disinfect any body fluids (vomit, etc.).
- Isolate camper/staff for privacy in an unoccupied cabin room with curtains open (must be able to see camper/staff at all times)- do not share patient's bathroom with another camper/staff/guest.
- Disinfect all areas camper/staff used, paying close attention to high touch surfaces (door handles, bunk railings, game pieces, etc.).
- Kitchen staff should re-sanitize high touch kitchen items (silverware, trays, cups).
- Monitor cabinmates and close contacts for illness.
- If illness is suspected to be food-borne (multiple people ill without close contact to each other that all ate the same meal) close kitchen, sanitize all surfaces and equipment, reexamine food sources (check dates and freshness of all food).
- If camper/staff needs to recover at home, contact family as soon as possible.

Standing Orders Approved by: _____

On this date: _____

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