



St. John Ambulance

SAVING LIVES
at work, home and play

Council for Ontario

15 Toronto Street, Suite 800
Toronto (ON) Canada M5C 2E3
Tel. : (416) 923-8411
Toll Free : 1-800-268-7581
Fax : (416) 923-4856

www.sja.ca

Charitable Registration No.: 108022237-RR0001

TO: Branches and affiliated Community Services Units
FROM: Wansey Poon, Provincial Youth Program Advisor
DATE: October 12, 2016
RE: **NCO Training Camp – November 18-20, 2016**
Cold Creek Conservation Area
14125 11th Concession Nobleton, Ontario

The St. John Ambulance (SJA) Council for Ontario is offering a Non Commissioned Officer (NCO) course for youth members between the ages of 12-17. This informative course introduces youth to the skills required to be leaders in the SJA Youth Program. The course is interactive and presents many opportunities for young leaders to learn from each other while attending sessions from various guest speakers in different areas of programming in the SJA youth program. This course is highly recommended as a prerequisite for all potential and current SJA Youth NCOs.

The NCO course will be held at Cold Creek Conservation Area, 14125 11th Concession Nobleton, Ontario. The course will start from **7pm** on Friday and end at **4pm** on Sunday.

As there are only 40 registration spots available, a confirmation letter will be sent to you, so please register early.

The cost of the course is **\$60** and includes accommodation and food for the weekend. Cheques are payable to: "St. John Council for Ontario" with an indication that it is for the NCO Course. Any travel expenses for the weekend will be the responsibility of the participants/branches. Please pack accordingly and review the kit list enclosed.

What students need to prepare:

- You (and your Unit participants) will be asked to present/describe the activities & programs and details of your weekly meetings & events. Please come prepared to present for 5-7 minutes. Visual aids or powerpoints are optional. We will have projectors and speakers available in the classroom.

Please fill out the below Application and Medical form and **email** it directly to nancy.hutchinson@on.sja.ca followed by the mailing of the monies (\$60) and original forms to **Council for Ontario** 15 Toronto Street, Suite 800 Toronto (ON) Canada M5C 2E3 by November 4, 2016 to the attention of Nancy Hutchinson.

Thank you and we look forward to seeing you at the camp!





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NCO Course Camp Kit List

Personal Essential Items – Only 1 backpack per camper allowed!

- **SJA Uniform** **please bring what you have ** including pants, shirt, beret, cap, black shoes
- Warm sleeping bag
- Sleeping pad/mattress
- Pajamas
- T-shirts, Sweaters or long sleeve shirts
- Comfortable pants/ track pants / shorts
- Light coat/Warm coat
- Slippers/Indoor shoes (*must*)
- 2 pairs of socks
- Outdoor comfortable shoes (NO flipflops)
- Underwear (at least 3 pairs)
- Plate, bowl, cup/mug, spoon, fork, knife, bag for dishes
- Facecloth/towel, Toothbrush/toothpaste
- Deodorant
- Bug Spray
- Sunscreen
- Hat, Sunglasses
- Flashlight with lanyard, or headlight

Optional Items

- Pillow
- Rain boots
- Camera

Course Material

Paper, pens and presentation material as required.

Note: Electronic devices (i.e., laptops, cell phones.) are not recommended and their use will be strictly limited. If you decide to bring your cellphone, we will not be responsible for it.

***** We will be outdoors for part of the weekend, please be dressed appropriately and only pack what you need! *****





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NCO Course Permission Form

This form is to obtain permission from parents of campers under age 18. All adults should also have a completed form, in which they agree to attend and carry out the obligations assigned to them. Members 16-17 years of age not residing with a parent or guardian may sign as adults age 18+.

Please complete the below application form, medical form and **email it** to: nancy.hutchinson@on.sja.ca

*Payment of \$60 per camper is to be mailed to:
St. John Ambulance - Council for Ontario
15 Toronto Street, Suite 800, Toronto, ON M5C 2E3
Attn: Nancy Hutchinson*

Deadline for Registration:

Member Full Name:	Unit # & Name:
Email:	Branch:
Address:	Position in SJA:
City: Postal Code:	Length of time in position:
Phone #:	Service Years in SJA:

I, _____ give permission for my child _____ of
(Parent's Full Name) (Full name of member)

_____ to attend the NCO course/camp at Cold Creek Conservation Area
(Youth Unit & Number)

from November 18-20, 2016.

I will be mailing in the \$60 payment to the above address.

I will be scanning and emailing the permission and medical form to Nancy Hutchinson.

(Signature of Parent/Guardian)

(Date)

Cheques are payable to: "St. John Council for Ontario" with an indication that it is for the NCO Course, noting which participant(s) the cheque covers.





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Charitable Registration No.: 10802237-RR0001

MEDICAL INFORMATION FORM

To ensure that all information on this form is as complete as possible, the form should be completed and signed approximately one week after acceptance into the Youth Program and before attending any external activities. Completed forms should be returned to the OFFICER-IN-CHARGE.

Please print

Name _____ Date of Birth _____ Sex _____

Address _____
Street Apt. No.

City/Town _____ Postal Code _____

Telephone Number _____
Home Other

Emergency Contact _____
Name Relationship

Telephone Number _____
Daytime Evening

Doctor's Name _____ Telephone _____

Health Insurance Number _____

MEDICAL HISTORY

1. Do you (your child) have special dietary requirements or are you (your child) subject to any allergies (drugs, food, insect stings, etc.)? If so, please list them indicating type of reaction and usual treatment.

2. Are you (your child) subject to any of the following conditions at present? (Please check mark ✓ all that apply)

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Fainting | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fear of heights | <input type="checkbox"/> Menstrual Cramps | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Nosebleeds |
| | | | <input type="checkbox"/> Other (indicate) |

Please explain the usual treatment for any conditions indicated: _____





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3. Please check mark ✓ the following factors applicable to you (your child) which the leaders should know:

- | Illnesses | | Operations | Immunizations |
|--|--|--|---|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Appendectomy | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Tonsillectomy | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Tuberculosis | | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Epilepsy | | <input type="checkbox"/> Whooping Cough |
| | | | <input type="checkbox"/> Poliomyelitis |

Note any recent illnesses, chronic conditions, operations, or injuries not included above and indicate any medication or treatment necessary:

4. The Youth Program sometimes includes sports, swimming, hiking, and other physical activities. Would anything prevent you (your child) from fully participating in such a program? Yes No
If **Yes**, please state the particulars:

5. Has your daughter started menstruating? Yes No
If **No**, has menstruation been explained to her? Yes No

6. Date of last tetanus shot _____ (day/month/year)

7. Can you (your child) take acetaminophen? (e.g. Tylenol) Yes No

8. **FOR EXTENDED OUTINGS** (e.g. camping), what medication(s) would you (your child) be bringing? These must be clearly labelled with the patient's name, dosage, and frequency. Please indicate any medications that must be kept with you (your child) at all times (e.g. medications for severe allergic reactions). For children away on an extended outing, it is recommended that all other medications be handed to the Officer-in-Charge, to ensure that medication schedules are correctly followed.

A. MEMBERS UNDER 18 YEARS OF AGE

As the parent/guardian responsible for the above-named person, I hereby state that the above mentioned information is true, to the best of my knowledge. I authorize the officer(s)-in-charge to secure such medical advice and services as may be deemed necessary for the health and safety of my child.

Signature of parent or guardian

Date

B. MEMBERS 18+ YEARS or 16-17 YEARS OF AGE Not Residing With A Parent Or Guardian

I hereby state that the above mentioned information is true, to the best of my knowledge. I authorize the officer(s)-in-charge to secure such medical advice and services as may be deemed necessary for my health and safety.

Signature of member

Date

