



# St. John Ambulance

Council for Ontario

## Camp PJ 04

Kelso Conservation Area, Milton, Ontario

July 03<sup>rd</sup> through July 04<sup>th</sup>, 2004

Dear Parents and Members,

St. John Ambulance in Ontario is hosting a camp for Juniors and younger Cadets (6 to 12) from July 03, 2004 to July 04, 2004. This is an excellent opportunity for members to meet new friends from around the province. The program for this event includes outdoor activities to challenge, teach and enhance the skills of our young people. All participants can look forward to a variety of group-based leadership and team building activities! Arrival time will be Saturday, July 03, 2004 from 8-10am. Departure will be on Sunday July 04, 2004 by 8:00pm. This year's Junior Camp will be held on the grounds of Kelso Conservation Area, Milton, Ontario.

([www.conservationhalton.on.ca/kelso.html](http://www.conservationhalton.on.ca/kelso.html))

The organizers include members from across the Province that have been working for many months to make this opportunity a reality. The cost for this two-day, one night event is \$28 and includes all accommodations (outdoors in tents; tents to be supplied), meals, crafts, snacks and an exciting two day program. Transportation to and from the event is to be arranged locally and is the responsibility of the member and/or their Unit.

St. John Ambulance Cadets and Crusaders perform many hours of service in their local communities and their program is second to none. Rarely however, do they get the chance to meet youth members from other parts of the province. This will be another great opportunity to provincially organize a camp specifically targeted at our Juniors and young pre-teen Cadets (ages 6 though 12)! With our successes of RAP'95, JAM'97, R2K 2000 and ICE 03, many members still talk about their experiences and friendships! We hope that this year's event aimed at our Juniors will be looked at as both a reward for outstanding service, and an excellent opportunity to broaden horizons and make new friends.

Please find attached an Application Form, a Medical Information Form, a Kit List and the General Rules for Camp PJ. All forms must be accurately completed and returned with payment to the address shown below, by **June 18, 2004** as accommodations and meals must be planned in advance.

I look forward to full participation and hope to see all of our young members participating in this event! For further information contact the Community Services Department at St. John Ambulance Council for Ontario, 1-800-268-7581.

Sincerely,

Don Smith  
Ontario Provincial Youth Officer

Mailing Address: **Camp PJ - St. John Ambulance - Council for Ontario**  
46 Wellesley Street East, Toronto, Ontario M4Y 1G5

Questions may be directed via email to Mr. Smith at [dsmith@on.sja.ca](mailto:dsmith@on.sja.ca) or by phone to the Community Services Department at 416-923-8411 or 1-800-268-7581

# Camp PJ 04

## APPLICATION / AGREEMENT / PERMISSION FORM

Note: A complete set of forms and payment must be completed for each member participating in this event, regardless of their position. All forms must be returned by June 18, 2004 to our Community Service Office. \*Juniors/Cadets attending Camp PJ must be accompanied by an authorized Adult chaperon (Divisional Officer or approved Alternate as reviewed by the Camp PJ Committee) from their own unit according to Camp PJ's 5:1 camper-to-chaperon ratio. A complete set of forms and payment must be submitted for each Adult chaperon.

Name \_\_\_\_\_ Unit/Division \_\_\_\_\_

Address \_\_\_\_\_ Div. Supt. \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Emergency 24hr Contact \_\_\_\_\_ 24hr Contact # (\_\_\_\_) \_\_\_\_\_

Gender M F Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Year Joined SJAB \_\_\_\_\_ Language(s) spoken: English / French

Position (circle one): Junior Cadet Crusader Corporal Sergeant Adult/Member Officer/Other:

Your Divisional Chaperon\*: \_\_\_\_\_ Rank: \_\_\_\_\_

Experience (circle):  
I have never been away overnight before I have been away overnight before  
I have never camped outside overnight before I have camped outside overnight before

Involvement at Camp PJ: Camper Group Leader/Assistant Activity Leader Logistical/Admin Support Other: \_\_\_\_\_

As this year's Camp will be offering accommodation in tents, you have the opportunity to name one of your tent-mates. This is only a request and while we will endeavor to accommodate your request, final tent assignments remain with Camp PJ registration. If your tent-mate's forms are not received or differ from your own, your request will not be recorded. Leaders will be tented separately. All tenting arrangements will be assigned into same gender tents.

Requested Tent-mate: \_\_\_\_\_ Unit/Division: \_\_\_\_\_

1. I have accurately completed the enclosed a MEDICAL FORM (for all Youth Participants)
2. I have enclosed a cheque or money order made payable to "St. John Ambulance - Council for Ontario" in the amount of \$28. Cancellations or no shows may not qualify for refund. This will depend on our ability to fill your reserved position.
3. I need special consideration due to the following situation [ diet / medical / religion / other]:
4. By signing this form we/I have read, understood, and agree that our/my child *shall abide by all the attached rules* while attending this camp. While we/I understand that every reasonable precaution will be taken by the leaders/Officer(s)-in-Charge, should an accident or illness occur, we will not hold the leaders/Officer(s), nor St. John Ambulance responsible. I/We further acknowledge that if our/my child is required to be sent home, this will be arranged at my/our expense.

i. \_\_\_\_\_ ii. \_\_\_\_\_  
Signature of Self if 18 or older, or Parent(s)/Guardian(s) if under 18 years of age. If signed by a Legal Guardian, please provide proof of guardianship.

# Camp PJ 04

## KIT LIST

**Note:** Clothing displaying profanity, racial, offensive or sexist remarks shall not be permitted to be worn by any participant. Interpretation of such materials will be at the discretion of Camp PJ Administration.

- Sleeping bag [ or blankets made into a bed-roll ]
- Raincoat, rain hat, boots
- Mess Kit [knife, fork, spoon, plate, cup/mug, bowl, mesh bag]
- 2 pair of running shoes
- at least 4 pair of socks
- at least 4 pair of underwear
- pajamas and a bath robe a must; after all its Camp "PJ"
- 2 pairs of jeans or casual pants
- 2 pairs of shorts
- at least 4 shirts or T-shirts
- Swim Suit and Bathing Towel [ there are water based activities in our program ]
- warm sweater or a jacket
- Towel and face cloth
- Toilet articles [brush/comb, soap, toothpaste, toothbrush, Kleenex]
- insect repellent (non aerosol )[optional]
- flashlight [optional]
- camera and film [optional]
- sun screen and sun hat [highly recommended ]
- notebook and pencil/pen [optional]
- Summer Dress SJA Uniform is **NOT** required.
- Favorite Stuff Animal [optional]
- Folding Camp Chair [if available]

### Notes

- Accommodation for this year's Camp will be tents. Tents will be provided for all participants and will setup in advance of our participant's arrival.
- There are designated outdoor washrooms on the campsite with running water and washbasin facilities. There are no shower facilities on site.
- Only one piece of luggage should be brought; a bedroll can be carried separately.
- Mark everything with the participant's name: First and Last names
- Walkmans, Game Boys and other electronic equipment are not welcome.
- In a large camp, security of one's personal possessions is always a concern. It is therefore recommended that participants do not bring valuables or large sums of money to camp. There is no need for money while attending this camp.
- The above items are considered minimal and failure to bring some items may restrict full participation in some parts of the program. [i.e. Swim wear and a bath towel are essential]

# **Camp PJ 04**

## **GENERAL CAMP RULES**

1. All members (including Officers) shall submit a signed copy of the appropriate Agreement/Permission form indicating that they have read and agree to the rules, and in the case of members under 18 years of age, have parental/guardian permission to be at this event.
2. All youth members shall submit a properly completed and accurate Medical Information Form prior to the event. This form shall be signed by the member if 18 years of age or older, and by the parent(s) / guardian(s) otherwise. The form shall be held by the Camp Medical Officer. The form shall be kept in confidence at all times. Disclosure of all pertinent medical conditions and treatments is required to ensure the safety of all of our participants.
3. For the purposes of these General Camp Rules, the phrase “Officer(s)-in-Charge” refer to the Camp PJ Committee Chair (the Provincial Youth Officer), Provincial Staff Officers and Camp PJ Committee Chairpersons.
4. Any sickness or accident must be reported to the Medical Officer and leaders/Officer(s)-in-Charge. All members are encouraged to use our Medical Services, should medications require refrigeration or the member require supervision with their medication usage. SJA Registered Nurses (RNs) will be onsite and responsible for the Camps Medical needs.
5. Appropriate standards of behavior for a youth camp are expected by all participants throughout the camp.
6. For the security of our participants at camp, a wrist ban policy will be used. Camp PJ wrist bands shall be worn at all times and will identify our participants.
7. While under the care and guardianship of the Officer(s)-in-Charge of this camp, all participants will respect the law and the implications and rules that must be observed.
  - a. The Tobacco Control Act of Ontario was passed in 1994 and prohibits smoking in many public places, including schools and on school property; as well, prohibits selling or supplying of tobacco products to anyone under 19 years of age; guardians and parents are not exempted from this law.
  - b. In light of our location and our concerns, smoking will only be permitted in designated outdoor common areas.
  - c. Any use or possession of illicit drugs or medications which are deemed to not be for documented medical use purposes by the participant in question will face immediate removal from the camp.
  - d. There shall be no alcohol consumed by any participant of camp PJ over the duration of the event.
8. While within camp, only the designated members assigned to a tent will be permitted to be in the designed tent. All social gatherings indoors within camp will be held in designated common areas and NOT within anyone’s tent.
9. The Camp PJ Administration may implement additional rules as required for the safety and well being of the participants and for the success of Camp PJ.
10. All activities will be properly supervised. Members under 18 years of age shall be supervised by the leaders/Officer(s)-in-Charge of the event. Members who fail to conduct themselves in an acceptable manner, or by action or inaction endanger themselves or others, the Camp PJ Administration may return the member to their parent(s) or guardian(s), at the parent(s) or guardian(s) expense.
11. Members 18 years of age or older shall remain with/at the event unless given permission to leave by the Officer(s)-in-Charge. Members who fail to conduct themselves in an acceptable manner, or by action or inaction endanger themselves or others, the Camp PJ Administration shall require the member to leave under his/her own supervision and expense. All members 18 years of age or older who register to participate at our event will be expected to participate with our activities as assigned.

## 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: \_\_\_\_\_

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

- | <b>Illnesses</b>                       |  | <b>Operations</b>                      | <b>Immunizations</b>                    |
|--|--|--|---|
| <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