



St. John Ambulance

SAVING LIVES
at work, home and play



Council for Ontario

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www.sja.ca

Charitable Registration No.: 10802237-RR0001

TO: Branches and affiliated Community Services Units
FROM: Marika Beaumont, Provincial Youth Program Advisor
Tony Alberts, Chair, Standards and Support Committee
DATE: January 2009
RE: **Youth NCO Training Course - Stouffville, Ontario - February 20, 21 & 22, 2009**

The St. John Ambulance (SJA) Council for Ontario is offering a Youth NCO training course for youth program participants between the ages of 15-17. This informative course introduces youth to the skills required to be leaders of the SJA Youth program, and outlines all the required information and expectations required to assist in the running of an effective SJA Youth program. It will also lead to the awarding of two proficiencies – Public Speaking and Leadership. **This course is highly recommended as a prerequisite for all potential and current SJA Youth NCOs.**

Council will be holding such a Youth NCO Training Course the weekend of February 20, 21 & 22, 2009 in Stouffville, Ontario. The course will be held at the Willowgrove Centre, located at 11737 McCowan Road, Stouffville, Ontario L4A 7X5. The course will run from 7 p.m. on Friday and end at 1 p.m. on Sunday. Completed registration forms are due back to the Provincial Office no later than February 05, 2009. The site (location) contact number is tel: 905-640-2127 The site (location) emergency contact number is tel. 905-449-1107.

A copy of the pre-course manual will be sent to you on receipt of your application. As there is pre-course reading and work to be completed, the sooner you submit your registration, the more time you will have to complete your pre-course assignments.

The cost of the course is \$45.00 and includes accommodation and food for the weekend. Any related travel expenses for the weekend will be the responsibility of the participants. Please adhere specifically to the kit list enclosed as there is basic sleeping accommodation (floor space) and if you forget your dishes and utensils you will have challenging meals!

Council for Ontario is committed to having all of our Youth leaders trained. This course will support young potential leaders in their future directions both within and outside of St. John Ambulance. If you have any questions about the NCO Youth Training Course, please contact Marika Beaumont, Provincial Youth Program Advisor at Marika.Beaumont@on.sja.ca or by tel. at: 905-449-1107.



St John

St. John Ambulance is an international humanitarian organization and is a foundation of the Order of St. John.
Ambulance Saint-Jean est un organisme humanitaire international et une fondation de l'Ordre de Saint-Jean.



St. John Ambulance

NCO TRAINING COURSE CONSENT FORM

The St. John Ambulance (SJA) Council for Ontario is offering a Youth NCO training course for youth program participants between the ages of 15-17. This informative course introduces youth to the skills required to be leaders of the SJA Youth program, and outlines all the required information and expectations required to assist in the running of an effective SJA Youth program. It will also lead to the awarding of two proficiencies – Public Speaking and Leadership. This course is highly recommended as a prerequisite for all potential and current SJA Youth NCOs.

Please complete this permission form in full and submit with additional registration documentation and payment to your Divisional Superintendent/Unit Coordinator no later than February 1, 2009.

Youth Program Participants 16 to 17 years of age not residing with a parent or guardian may sign as adults age 18+ years.

FOR YOUTH PROGRAM PARTICIPANTS UNDER 18 YEARS OF AGE

Dated at _____ this _____ day of _____
(location) (day) (month) (year)

I _____ hereby understand the above information
(parent/guardian)

and am willing to allow _____ to actively
(youth program participant)
participate in the Youth NCO Training Course being held the weekend of February 20, 21 & 22, 2009 in Stouffville, Ontario. The course will be held at the Willowgrove Centre, located at 11737 McCowan Road, Stouffville, Ontario L4A 7X5.

Signature of youth program participant: _____

Signature of parent/guardian: _____

If because of the youth program participant's actions, it is deemed necessary to send him/her home, it will be at the parent's/guardian's expense.

If you have any questions or concerns contact:

Marika Beaumont, Provincial Youth Program Advisor at: Marika.Beaumont@on.sja.ca or by tel. at: 905-449-1107.



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**YOUTH NCO TRAINING COURSE
Stouffville, Ontario – February 20, 21, 22, 2009
Registration**

To: St. John Ambulance - Council for Ontario
Provincial Office
15 Toronto Street, Suite 800
Toronto, ON M5C 2E3
Att: Rebecca Ortiz

Deadline for Registration:
February 5, 2009

Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ Fax: _____

Unit/Branch: _____ Email: _____

Position in St. John: _____

Length of time in the above position: _____ Length of time in St. John: _____

Payment enclosed:

Cash Money Order Certified Cheque in the amount of **\$45.00**, payable to:
"St. John Council for Ontario"

For more information, please contact the SJA Ontario Provincial Office at 1-800-268-7581, Ext. 282.

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 γ 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 Y 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

NCO Winter Camp Kit List

- Warm sleeping bag
- Sleeping pad/mattress/air mattress
- Pillow
- Snow pants/snowsuit
- Winter boots – waterproof and warm!
- Hat
- Scarf
- Winter coat
- Gloves or Mittens (at least 3 pairs)
- Wool socks
- Underwear (at least 3 pairs)
- Socks (at least 6 pairs)
- Track pants (at least 2 pairs)
- Long sleeve shirts (at least 3)
- Sweaters (2)
- Pyjamas
- Slippers or indoor shoes
- Plate, bowl, cup, mug, spoon, fork, knife – marked with name
- Bag for dishes
- Flashlight
- Kleenex
- Facecloth/towel
- Toothbrush/toothpaste
- Deodorant
- Camera (if desired)
-
- Paper, pens, clipboard or binder
- COMPLETED Pre-course workbook
- Examples of forms used by your unit

***The site does not provide dishes, disposable dishes are not acceptable by this facility.*

***Note: Electronic devices (i.e., MP3, ipod, cell phones.) are not permitted*

St. John Ambulance is not responsible for any electronic equipment including cameras. Any item other than a camera will be confiscated for the duration of camp.