



St. John Ambulance
Council for Ontario

Camp PJ 07

Little Monsters

Kiwanis Apps Mills Park, Brantford, Ontario
August 4th through August 6th, 2007

Dear Parents and Members,

St. John Ambulance in Ontario is hosting a camp for Juniors and younger Cadets (ages 6 through 12) from August 4, 2007 to August 6, 2007. 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, August 4, 2007 from 10-11am. Departure will be on Monday, August 6, 2007 by 2:00pm. This year's Junior Camp will be held on the grounds of Kiwanis Apps Mill Park, Brantford, Ontario.

The cost for this weekend event is \$35 and includes all accommodations (rooms or tents), meals, crafts, snacks and an exciting two-day program. We as well are accepting applications from crusaders (16 and older) to help us run the camp. 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 Youth (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 R2K 2000, ICE 03, Camp PJ 02, Camp PJ 04 and Camp PJ 05, 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 **July 16, 2007** 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,

Doug Keith
Provincial Youth Program Advisor

Mailing Address: **Camp PJ - St. John Ambulance - Council for Ontario**
15 Toronto Street, 8th Floor, Toronto, Ontario M5C 2E3

Questions may be directed via email to Mr. Doug Keith at dkeith@on.sja.ca or by phone to the Community Services Department at 416-923-8411 or 1-800-268-7581

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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 July 16, 2007 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 rooms/tents, you have the opportunity to name one of your room/tent-mates. This is only a request and while we will endeavor to accommodate your request, final room/tent assignments remain with Camp PJ registration. If your room/tent-mate's forms are not received or differ from your own, your request will not be recorded. Leaders will have separate accommodations. All room/tent arrangements will be assigned into same gender accommodations.

Requested Room/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 \$35. 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.

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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"
- Monster costume; be inventive
- 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

Notes

- Accommodation for this year's Camp will be rooms/tents. Division's participating in Camp PJ may be contacted to supply, in advance, enough tents for their participants so they can be set up before the participants arrive.
- 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]

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GENERAL CAMP RULES

1. All members (including Leaders/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 Program Advisor) and Camp PJ Committee Members.
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 Officers with MFR 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 participant 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:

- | 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