

St. John Ambulance

Council for Ontario

15 Toronto Street, 8th Floor
Toronto, Ontario M5C 2E3
Telephone: (416) 923-8411
Toll Free: 1-800-268-7581
Facsimile: (416) 923-4856

TO: Branches and affiliated Community Services Units
FROM: Marika Beaumont, Provincial Youth Program Advisor
Tony Alberts, Chair, Standards and Support Committee

DATE: December 14, 2009

RE: NCO Training Course

Location: Stoffville - February 5, 6 & 7, 2010

The St. John Ambulance (SJA) Council for Ontario is offering an NCO course for youth members between the ages of 13-17. This informative course introduces youth to the skills required to be leaders to 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 the Leadership proficiency. **This course is highly recommended as a prerequisite for all potential and current SJA Youth NCO's.**

Council will be holding a Youth NCO Leadership Course the weekend of February 5, 6, & 7, 2010 in Stoffville, Ontario. The course will be held at the Willowgrove Centre, located at 11737 McCowan Road, Stouffville, Ontario L4A 7X5. The sites contact numbers are phone: 905-640-2127 Your **emergency contact number will be 905-449-1107.** The course will run from 7 p.m. on Friday and end at 3 p.m. on Sunday. Registration forms are due back to Council by January 20, 2010.

A copy of the pre-course manual will be sent to you on receipt of your application. As there is 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 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 the members in their future directions both within and outside of St. John Ambulance.

If you have any questions about the NCO Youth Leadership Training Course, please contact Marika Beaumont Provincial Youth Program Advisor at Marika.Beaumont@on.sja.ca or at 905-449-1107.

Marika Beaumont
Provincial Youth Program Advisor



CAMPING PERMISSION FORM

St. John Ambulance

SAVING LIVES
at work, home and play

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 this form and return it, along with payment and the Medical Information Form to your child's Divisional Superintendent by **January 20 , 2010** .

1. I give permission for my son/daughter

(name of member)

of _____ St. John Ambulance Youth Unit
to attend the camp at the Willowgrove Education Centre to be held **on February 5/6/7,**
2010. Camp will begin at 7:00 Friday evening and finish at 3:00pm Sunday afternoon.
Transportation to and from camp is the parents responsibility unless the youth's unit
makes other arrangements.

My son/daughter is allowed to take part in all activities as specified on the Medical
Information form.

2. Cash Money Order Certified Cheque

for the amount of **\$45.00**, (made payable to St. John Ambulance) is enclosed.

Date

(Signature of Parent/Guardian)

(Please print name here)



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.

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