

Winter Camp 2008

2008 Beijing Olympics Canadian Style

Welcome to Winter Camp 2008. It will be held at the Ganaraska Forest Centre from Friday February 8 to Sunday February 10th.
Camp begins at 7:00pm Friday night and ends at 2:00pm on Sunday.

The cost for this all-inclusive weekend (except for kit list) is \$40.00
You are responsible for your own transportation to and from camp.

The deadline for submission, to the Durham Branch, of camp permission form, full and complete medial form and money (cash or money order. NO cheques,) is January 25, 2008 . If there are inadequate numbers on January 26th camp will be cancelled. We have had difficulty with cheques having insufficient funds and will no longer accept personal cheques.

If you have any questions please address them to your divisional officers or to the camp chief. I'm looking forward to seeing you at camp!

Marika Beaumont
Camp Chief

marikabeaumont@rogers.com

St. John Ambulance,
Durham Branch
64 Colborne St E. Oshawa
905-434-7800
durham@on.sja.ca

CAMPING PERMISSION FORM
The St. John Ambulance Brigade
Durham Region

This form is to obtain permission from parents of campers under age 18. All adults should also have a form to sign, 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.

1. I give permission for my son/daughter

(name of member)

of _____ St. John Ambulance Youth Division

to attend the camp at the Ganaraska Forest Centre to be held on February 8,9,.10/ 2008. 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 \$40.00, (made payable to *Durham Region Branch*) is enclosed.

My child wishes to sleep INDOORS or OUTDOORS

Date

(Signature of Parent/Guardian)

(Please print name here)

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Winter Camp Kit List

- Warm sleeping bag
- Underpad
- Blanket
- Pillow
- Flannel liner for sleeping bag (if sleeping outside)
- Ground sheet (if sleeping outside)
- Snow pants/snowsuit
- Winter boots – waterproof and warm!
- Hat
- Scarf
- 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
- Flashlight
- Kleenex
- Facecloth/towel
- Toothbrush/toothpaste
- Deodorant
- Camera (if desired)

**** Note:** *Jeans may be worn for the dance only, not for outdoor activities, as the material they are made of is cold and highly impractical for winter camping. All clothing must sufficiently cover undergarments.*

****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.

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 w 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 W 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