

Day Camp Forms

★ Edmonton Valley Zoo ★ John Janzen Nature Centre ★ John Walter Museum

★ Muttart Conservatory ★ Prince of Wales Armouries Heritage Centre

Thank you for registering for a City of Edmonton day camp! On your first morning of camp, the camp leaders will be collecting some important information from you to ensure that your child will have a safe experience. Information about medical, behavioral and social concerns is collected only to ensure that your child is receiving the support that they need to make their camp experience successful.

To help make your first morning drop off quick and efficient, you can complete the attached forms ahead of time.

ALL forms must be completed by ALL campers.

If there are any questions about the information being gathered, please contact the Education Programs Coordinator at the camp facility:

Edmonton Valley Zoo 780-944-0642

John Janzen Nature Centre 780-496-2916

John Walter Museum 780-496-5953

Muttart Conservatory 780-496-6952

Prince of Wales Armouries 780-496-5953

Tips for a successful camp experience:

- Label all the items your child brings to camp.
- Freeze water in a water bottle overnight. It will melt during the morning and be cold and refreshing for the afternoon.
- Apply sunscreen and bugspray before leaving home.
- The weather can change quickly, so please send an extra change of clothes that will work if there's a change in weather.
- Leave valuables such as hand held games and cell phones at home.
- Please share any behavioural or medical concerns your child may have with the program leaders to ensure your child has a successful camp experience.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) STATEMENT

The personal information collected on this Medication Information Form is collected under the authority of section 33(c) of the FOIP Act and will be used by Citizen Services for the administration of the City of Edmonton "Daycamp Programs", program evaluation and administrative purposes. Your personal information will be protected in accordance with the privacy provisions of the FOIP Act. If you have any questions about the collection, use or disclosure of your personal information, please contact the Program Manager for Recreation at 780-496-2930

Medication Delivery Procedure:

The following outlines the medication delivery procedure that will be followed for children requiring any type of medication while at camp. **Please fill out the medical assessment and medical information sections of the registration package completely.**

1. Medication must come to the program in a separate and sealed bag each day containing only one dosage per bag. If the medication is liquid, it must come to the camp **pre-measured** in a sealed and labelled bottle each day containing only one dosage per bottle. All bottles must be received in a Ziploc bag.
2. The sealed bag should have the following information:
 - a. The child's first and last name
 - b. The date the medication is to be administered
 - c. The time the medication is to be administered
 - d. The name and dosage of the medication to be administered
3. The Camp Leader will hand the bag/ bottle to the child and will witness the child taking the medication. The bag/ bottle will be sent home at the end of the day.
4. The Camp Leader will document all the information on the bag/ bottle in a medical delivery record sheet. The information will be recorded in pen on sequential lines.
5. The Camp Leader will keep and follow the schedule for when the child is to receive the medication.

All medications, whether injectable, pill, or liquid form, must come to camp in single dosages as our Camp Leaders cannot measure medications for children.

Epi-pens:

If your child has an Epi-Pen, they are required to carry it on them at all times (ie. in a fannypack).
Please fill out the Epi-Pen Administration Waiver if your child needs an Epi-Pen.

If an allergic reaction occurs, Program Leaders will:

- Listen to your child
- If the reaction increases, **assist** the child in administering "Epi-Pen" in the thigh or upper arm, through the clothing if necessary.
- First **assist** administration of the "Epi-Pen" THEN telephone 911 for medical help immediately.

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EMERGENCY CONTACT FORM

Name of Camper (please print)	Date
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Emergency Contact Information

Name		Relationship
Home Phone	Cell Phone	Work Phone

Name		Relationship
Home Phone	Cell Phone	Work Phone

Alternate Emergency Contacts:

Name		Relationship
Home Phone	Cell Phone	Work Phone

Name		Relationship
Home Phone	Cell Phone	Work Phone

Pick- Up Authorization: (only those listed here will be able to sign the camper out of camp at the end of the day)

Name	Relationship	Phone
Name	Relationship	Phone

I, as parent/guardian of the above named child, verify that this information on all pages that I have initialled or signed, is true and correct to the best of my knowledge. I understand by providing this information to the City of Edmonton that it will be used to enhance my child's experience while attending Citizen Services programs.



Name of Parent/ Guardian (please print)	Signature:	Initials:	Date:
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Medical ,Behaviour and Social Concerns

Information about medical, behavioral and social concerns is collected only to ensure that your child is receiving the support that they need to make their camp experience successful.

- ☐ My child does not have any medical, behavioural or social concerns
- ☐ My child does not have any medical, behavioural or social concerns that I wish to disclose.

Medical Concerns (allergies to bee/ wasp stings, nuts, asthma, etc)

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- a) Does your child take medication? ☐ Yes ☐ No
- b) Will they be taking medication at camp? ☐ Yes ☐ No

Medication Information:

Parent/ Guardian Name:	
Medication:	Time(s) medication is to be taken: Is medication to be taken with food? <input type="checkbox"/> Yes <input type="checkbox"/> No
Side effects of medication, etc	

If your child requires an Epi-Pen, please complete the EPI Pen Administration Waiver Form.

I, _____, parent/guardian of the above named child, verify that this information is true and correct to the best of my knowledge. I understand by providing this information to the City of Edmonton that it will be used to enhance my child's experience while attending Citizen Services programs.



Initials:

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Behavioural/ Social Concerns:

- a) Please give a general description of your child's condition/ disability/ behaviours:

- b) Physical Considerations:
Does your child have any particular accessibility needs?

- c) Communication:
How does your child communicate their needs?

- d) Social Skills:
How does your child interact with other children? With adults?

- e) Emotional/ Behavioral:
Please describe any unique traits (ie. hyperactivity, attention seeking, violent reactions, faking illness, etc) that your child may show.

- f) Are there any triggers that might increase the likelihood of your child showing these behaviors?

- g) Does your child respond better to male or female leaders?
☐ Male ☐ Female ☐ Both Equally ☐ Neither Equally

- h) What strategies can you recommend, from home or school, that might help us handle difficult behavior?

- i) What activities does your child enjoy?



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MEDICATION INFORMATION FORM

Name of Camper (please print)	Date:
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Medical concern:

Medication	Dosage	Frequency
Medication	Dosage	Frequency
Medication	Dosage	Frequency

Additional Information:

Program Leader:

Please indicate the time camper took medication and initial:

Days		Monday	Tuesday	Wednesday	Thursday	Friday
AM	Time					
PM	Time					

☐ My child does not take medication.



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ALLERGIES INFORMATION FORM

1. Personal Information and Emergency Contact

Name of Camper (please print)		Date:	
Date of Birth (mm/dd/yyyy)		Gender: <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Male	
Emergency Contact (first and last name)	Emergency Contact Phone (s)	Relationship to Camper	
Alternative Contact (first and last name)	Alternate Contact Phone (s)	Relationship to Camper	
Alternative Contact (first and last name)	Alternate Contact Phone (s)	Relationship to Camper	

2. Allergy Information

Allergies and known reaction causing agents:
Symptoms of allergic reaction in your child :
Location of Epi-Pen, Medical Supplies/ Antihistamines while at camp:
Which method of contact will cause a serious reaction in your child? <input type="checkbox"/> Inhalation (breathing in) <input type="checkbox"/> Ingestion (eating or drinking) <input type="checkbox"/> Physical contact (touching) <input type="checkbox"/> Other (please be specific)
Are there other important ways to help prevent your child from having a reaction:

☐ My child does not have allergies



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Epi- Pen Administration Waiver

Name of Camper (please print)	Date:
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I, the undersigned, parent/guardian of _____ (child/ward), allow the Citizen Services Department, Program staff to administer epinephrine to _____ (child/ward), in the event that it is required by my child/ward.

I release and save harmless the City of Edmonton, and it's employees, servants, volunteers and agents with respect to any actions, liabilities, costs, damages or injuries which may occur by virtue of their having administered epinephrine as required by the attached Allergy Information Form.

I understand that I, _____ the parent/guardian of _____ (camper) am responsible to ensure that (please initial next to each):

_____ I have completed the Allergy Information Form fully and completely

_____ I take the time to **explain** the Allergy Information Form to the program staff responsible for my child/ward, upon drop-off on the **first day** of the program.

_____ I have reviewed how to administer an Epi-Pen with the program staff responsible for my child/ward, upon drop-off on the first day of the program.

_____ My child will be carrying a non-expired Epi-Pen in a fanny pack at all times while in the Citizen Services Department program ("camp")



Name of Parent/ Guardian (please print)	Signature:	Date:
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Name of Program Leader (please print)	Signature:	Date:
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☐ My child does not require an epi-pen

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PHOTO CONSENT AND RELEASE

I, ☐ Allow ☐ Do Not Allow

The City of Edmonton to use my name/image in its public relations and communication materials created for a period of two years from date consent is signed. I realize that I may withdraw my consent in writing at any time by contacting the Program Manager Recreation Facility Services at 780-496-2930.

I understand that the photograph(s) may be used in a publication, print advertisement, direct-mail piece, electronic media (e.g., video, CD-ROM, internet, World Wide Web, Social Media, etc.) or other form of communication.

In giving my consent, I hereby release and hold harmless the Citizen Services Department, the City of Edmonton and their agents, employees, officials, representatives and contractors from any and all responsibility or liability for damage of any kind suffered in any manner whatsoever.

I hereby relinquish any and all personal or proprietary rights I may have in connection with such use. I understand that I will receive no compensation should any photograph of me be used.

Name of Camper (please print)

Name of Parent/ Guardian (please print)	Signature:	Date:
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Name of Program Leader (please print)	Signature:	Date:
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