

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 the first morning of camp, the camp leaders will be collecting some important information from you to ensure that the camp participant will have a safe experience. **Information about medical, behavioral and social concerns is collected only to ensure that the camp participant is receiving the support that they need for a successful camp experience.**

To help make the drop off on the first morning quick and efficient, please complete the attached forms ahead of time.

ALL forms must be completed for ALL campers.

If you have any questions about the information being gathered, please contact the Education Programs Coordinator for your 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 brought to camp with their name.
- Freeze water in a water bottle overnight. It will melt during the morning and be cold and refreshing for the afternoon.
- Apply sunscreen and bug spray before leaving home **in addition** to sending sunscreen and bug spray to camp for reapplication later.
- Weather can change quickly! Please send an extra change of clothes in case there's a change in weather.
- Send a hat and supportive footwear, no sandals- we will be active!
- Leave valuables such as hand held games, cell phones, and money at home.
- Please share any behavioural or medical concerns that the camp participant may have with the camp leaders to assist with creating 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 camp 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 daily 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 camp participant and will witness the camp participant 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 camp participant 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 camp participants.

Epi-pens:

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

If an allergic reaction occurs, Camp Leaders will:

- Listen to the camp participant about their signs and symptoms.
- If the reaction increases, **assist** the camp participant in administering "Epi-Pen" in the thigh or upper arm, through the clothing if necessary.
- First **assist** administration of the "Epi-Pen". Second, camp leaders will telephone 911 for medical help immediately.

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Please initial or sign next to each star on each page.

EMERGENCY CONTACT

Name of Camp Participant (please print)	Date
Camp Participant's Preferred Name (the name that camp leaders and new friends should call them)	

Emergency Contact Information

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



Initials:

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MEDICAL, BEHAVIOURAL AND SOCIAL INFORMATION

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

- ☐ Camp participant does not have any medical, behavioural or social concerns
- ☐ Camp participant 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 the camp participant 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 the camp participant requires an Epi-Pen, please complete the Epi-Pen Administration Waiver Form.



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MEDICATION INFORMATION FORM

Medical concern:

Medication	Dosage	Frequency
Medication	Dosage	Frequency
Medication	Dosage	Frequency

Additional Information:

Camp Leader:

Please indicate the time camper took medication and initial:

Days		Monday	Tuesday	Wednesday	Thursday	Friday
AM	Time					
PM	Time					

☐ Camp participant does not take medication.



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EPI-PEN ADMINISTRATION WAIVER

I, the undersigned, parent/guardian of _____ (camp participant),
allow the Citizen Services Department, camp leaders to administer epinephrine to
_____ (camper), in the event that it is required.

I release and save harmless the City of Edmonton, and its employees and volunteers 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
_____ (camp participant), am responsible to ensure that:

_____ I have completed the Allergy Information Form fully and completely.

_____ I will take the time to **explain** the Allergy Information Form to the camp leader responsible
for the camp participant, upon drop-off on the **first day** of the camp.

_____ I will review how to administer an Epi-Pen with the camp leader responsible for the camp
participant upon drop-off on the first day of the camp.

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

☐

Camp participant does not require an epi-pen



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ALLERGIES INFORMATION FORM

Allergies and known reaction causing agents:
Symptoms of allergic reaction in the camp participant :
Location of Epi-Pen, Medical Supplies, or Antihistamines while at camp:
Which method of contact will cause a serious reaction in the camp participant? <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 the camp participant from having a reaction:

☐ Camp participant does not have allergies



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BEHAVIOURAL AND SOCIAL SKILLS:

- a) What activities does the camp participant enjoy?
- b) Please describe any unique traits (ie hiding, running away, hyperactivity, attention seeking, etc) that the camp leaders might experience with the camp participant.
- c) Are there any triggers that might increase the likelihood of the camp participant showing these behaviors?
- d) What strategies can you recommend, from home or school, that might help us deal with difficult behavior?
- e) Is the camp participant learning English as a second language?
- f) How does the camp participant interact with other children? With adults?
- g) How does your child communicate their needs (ie. bathroom needs, hunger, thirst)?

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 only to enhance the camp experience.



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

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