



CAMP WANAPITEI MEDICAL FORM 2010

(This is a 4-page form)

We at Camp Wanapitei want your child's summer experience to be the best it can be. Please help us by filling in this form and faxing or mailing it to our Guelph Office. Contact information can often change so please fill this out IN FULL! We handle all information on this form with great sensitivity.

Name of Camper: _____

Dates attending Wanapitei: _____

Please circle: Junior Temagami Coureur de Bois Pioneer Bay Trip River Adventure WLIT VI VII

Date of Birth: _____(day/month/year) Age at camp 2010: _____

Gender: _____ Grade Completed (June 2010): _____

Height: _____(inches) Weight: _____ (pounds) Unisex T-Shirt Size: Youth _____ Adult _____

Health Card Number (include all numbers and letters): _____

CONTACT INFORMATION

Parent(s) Name(s) _____ Home Phone _____

Work Phone _____ Cell Phone _____

Summer Phone _____ Dates at Summer Number _____

Emergency Contact _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Cell Phone _____

Alternate Emergency Contact _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Cell Phone _____

CUSTODY AND MAILINGS

If your camper is in single or joint custody please give us the name(s) of the custodial parent(s). If you would like double mailings (i.e. to separate dwellings) please outline your wishes here:

ILLNESSES AND MEDICAL CONDITIONS

Does this child have or has this child had any health conditions or issues such as Asthma, Respiratory Disease, Epilepsy, Muscle/Joint Problems, Diabetes, Urinary Tract Infections, Cardiac Disease, Severe Headaches, Convulsions, Hepatitis, or Psychological Issues? Please tell us about any other significant illness not listed above. Describe the illness and provide the date of diagnosis for these conditions:

SURGICAL HISTORY

Please list any surgical procedures that have been performed in the past along with surgery dates:

Name of Camper: _____

ALLERGIES (NON-FOOD): Please circle: Insects Plants Penicillin Other

Please provide details (note, dietary allergies are covered in a section below)

Has your child ever been stung by a bee, wasp or hornet? Please describe the severity of your child's reaction to the sting. _____

Note: If the camper has any severe allergies, please send details regarding the reactions which have occurred in the past. If anaphylaxis is considered a risk and the camper carries a syringe for adrenaline (Anakit or EpiPen), THREE kits must be brought to camp. One is to be carried by the camper, one by the canoeing partner, and one by the trip leader.

Details regarding severe non-food allergies: _____

Will you be sending allergy kits (adrenaline)? _____

MEDICATIONS

What medications (prescription and non-prescription) does the camper regularly take?

Name of Medication	Dose	Time(s) of Day	Reason for Medication	Quantity Sent to Camp

IMMUNIZATIONS – READ THIS CAREFULLY PLEASE!!!

All campers are expected to have all of their primary immunizations by the age of 5 years.

Has the camper had all of the primary immunizations? _____

Please give details if any immunizations are not up to date. _____

TETANUS

Tetanus is a serious life threatening illness caused by bacteria that live in dirt and grow in deep woods.

We are unable to give tetanus immunizations at camp or on a canoe trip. It is therefore absolutely necessary that all campers have a tetanus immunization within the last FIVE YEARS. Your doctor may tell you that a tetanus immunization is good for ten years. However if a person suffers a tetanus-prone-wound or laceration, guidelines state that if a tetanus booster has not been received in the last 5 years it should be administered. Because we are unable to meet this standard on a canoe trip or at camp, the only alternative is to be proactive and administer the immunization in advance. There is no harm in this strategy and serious illness may be prevented.

Name of Camper: _____

IMMUNIZATION WAIVER

On occasion some parents for various reasons elect not to immunize their children with various vaccines that are available. Camp Wanapitei needs to be aware of this decision and be absolved of the responsibility of negative health outcomes occurring as they relate to a lack of immunization.

If this camper is not immunized for reasons of personal choice please read the statement below and sign.

I AM AWARE AND HAVE KNOWLEDGE OF THE POSSIBLE CONSEQUENCES OF NOT IMMUNIZING MY CHILD AND ABSOLVE CAMP WANAPITEI OF ANY REPERCUSSIONS OF THIS DECISION.

Camper Name _____

Parent Name (Print) _____ Parent Signature _____ Date _____

ADDITIONAL IMPORTANT CONFIDENTIAL INFORMATION

Does your child wet the bed? Yes No

If Yes: Rarely Occasionally Frequently

Please list any equipment needed by the camper and when this equipment is needed (campers are responsible for their own equipment such as glasses, contact lenses, knee braces, orthotics, dental appliances etc.):

Does your child have any behavioural issues or special needs & does your child require extra assistance at school or at other recreational programs?

How easily does your child make and retain friends and with what age group? (please circle)

Easily Fairly Easily With Difficulty

Younger Same Age Older

If your child has trouble making or keeping friends, please tell us more about this:

What would you like your child to accomplish at camp (both in activities and personally)

If your child is upset, what usually helps?

Has your child had any problems at school or at extra curricular activities (e.g. bullying, being bullied,)? Please describe:

Name of Camper: _____

How does your child react to authority? Please describe different scenarios if you need to.

Does your child have any fears that we should know about? How are these managed at home?

Has your child ever suffered from any anxiety and if so, what was it related to?

If your child is a female has she started menses? And if not is she educated regarding her menses? Is there anything about your daughter's menses that we should know about? Please note: We educate girls regarding their menses as it relates to living at camp or being on a canoe trip.

Does your child get motion sickness? How is this handled at home? _____

Eating Habits (please circle any that apply):

Fussy

Hearty

Average

Is there any food that your child truly dislikes? _____

ALLERGIES (FOOD)

Dietary Restrictions or Food Allergies:

Note: If anaphylaxis is considered a risk and the camper carries a syringe for adrenaline (Anakit or EpiPen), THREE kits must be brought to camp. One is to be carried by the camper, one by the canoeing partner, and one by the trip leader.

Details of severe food allergies if applicable: _____

Will you be sending allergy kits (adrenaline)? _____

IMPORTANT NOTES!!!!

- If your child has been in contact with a communicable disease within 3 weeks prior to their arrival at camp, you must notify the camp.
- ALL prescribed medications must come to camp in the original bottles provided by the pharmacy. Do NOT put medications into other containers or we will not be able to accept them at Wanapitei.

I have read this form in full and have completed it fully and honestly.

Parent Signature _____ Date _____

APPENDIX II – Consent to Administer Medication



Camper Name: _____

Parents and Guardians please note: Part One MUST be completed by you in order for your camper to be accepted into the care of Camp Wanapitei staff members and medical personnel. Please know that Wanapitei feels strongly about having permission to give campers something for pain and something for inflammation in case of an injury or illness while on canoe trip.

Part One: MEDICATION ADMINISTRATION AT CAMP OR ON TRIP FOR COMMON CONCERNS

I authorize the administration of the following medications for the following occurrences (*check those that you give permission for*):

- Pain or fever (e.g. Tylenol)
- Inflammation (e.g. Advil)
- Antihistamine (e.g. Benadryl)
- Anti Nausea (e.g. Gravol)
- Topical Creams for symptomatic relief

Comments: _____

Part Two: Fill this out if you are sending PRESCRIBED OR OVER THE COUNTER MEDICATION to camp with your camper (Medication must come in original bottles or packaging)

I authorize the administration of _____
(write name(s) of medication(s) here)

to _____ by Camp Wanapitei staff or Medical Personnel.

Start Date: _____ End Date: _____

Reason for medication or reason prescribed: _____ Dosage: _____

To be given at the following times: _____ Refrigerate? Yes No

Prescribing Physician's Name (if you are sending a prescription): _____

Physician's Office Phone Number: _____

PART THREE:

I, the parent or legal guardian or the above named child, shall notify Camp Wanapitei in writing if there is a cancellation or change to any medications listed above. I further give permission for designated Camp Wanapitei personnel or its agents to administer the above medication(s) to my child, or for my child to self-administer, if applicable. This form shall also permit designated Camp Wanapitei personnel or its agents to share and request relevant health information regarding the administration of this medication. I acknowledge that medications are NOT necessarily given by licensed medical personnel, and that a physician-patient relationship is not formed as a result of this Consent. I agree that Camp Wanapitei and its agents who are acting within the scope of their duties shall be held harmless in any and all claims or actions arising from the administration of the above noted medication.

DATE: _____ PARENT OR GUARDIAN SIGNATURE: _____

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APPENDIX III – Payment Form

WANAPITEI PAYMENT FORM 2010



CAMPER'S NAME: _____

CAMP STORE (\$30/week recommended) \$ _____

Donate my leftover Camp Store money to Wanapitei's Camper Bursary Fund Yes ___ No ___

CAMP STORE TOTAL _____ **Line A**

EQUIPMENT RENTALS

2 week campers rent for 11 days

4 week campers rent for 25 days

Temagami & Coureur de Bois need flatwater paddle only

Pioneer and older need flatwater and whitewater paddles & a helmet

WHITE WATER PADDLE RENTAL (\$1/DAY) _____

FLAT WATER PADDLE RENTAL (\$1/DAY) _____

HELMET RENTAL (\$1/DAY) _____

SUBTOTAL _____

+13% HST _____

EQUIPMENT RENTAL TOTAL _____ **Line B**

TRANSPORTATION

TRANSPORTATION TOTAL (See Transportation form) _____ **Line C**

BALANCE FROM APRIL STATEMENT \$ _____ **Line D**

GRAND TOTAL \$ _____ **(A+B+C+D)**

I am enclosing a Cheque for \$ _____

I authorize the Grand Total to be charged to my VISA MASTER CARD (please circle)

CARD NUMBER _____ Expiry date: _____

Signature: _____ Date: _____

Print Name: _____

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APPENDIX V



Banquet Registration Form 2010

Name of Contact Person(s) _____

Phone number _____

How do I fill out this form?

- 1.) Put the number of adults, children and sprouts attending a banquet in the appropriate boxes. For example, if I was booking 2 adults for the July 15th banquet, I would put a "2" in the box directly beside the "ADULT" box in the table below.
- 2.) The prices are in the table for your reference. Don't fill in or calculate anything with respect to the prices. We will settle payment with you when you are at camp. This form is to tell us that you are coming!!!

	JULY 15	JULY 29 (Midsummer Feast)	JULY 31 (Community Weekend)	AUGUST 14	AUGUST 28 (Harvest Night)
	Adult = \$25 Child = \$12.50 Sprout = \$0	Adult = \$25 Child = \$12.50 Sprout = \$0	Adult = \$30 Child = \$15 Sprout = \$0	Adult = \$25 Child = \$12.50 Sprout = \$0	Adult = \$30 Child = \$15 Sprout = \$0
ADULT					
CHILD (7 – 14)					
SPROUT (under 7)					

If you are interested in staying at the Chateau, please fill out the Chateau Accommodation Booking form in Appendix VIII. Prices do not include tax. Payment will be accepted at camp for the banquet costs above. See you there!!!

APPENDIX VI

WANAPITEI CHATEAU BOOKING FORM 2010



Name of person making the booking: _____

Address: _____

Prov/State: _____ Postal Code/Zip: _____ Email: _____

Phone (home): _____ Phone (work): _____ Phone (cell): _____

Are you picking up/dropping off a camper _____ Camper(s) Name(s): _____

<p>Dates (Nights) Requested (must be between July 3rd & August 28th): _____</p> <p># Adults (13 and older) in this booking: ____ # Children 5-12 ____ # Children 4 & under ____</p> <p>Select Rate Option: Sheets _____ Bring Sleeping Bag _____ Tenting _____</p> <p># of rooms requested _____ Would like to share room if possible: (please circle) Yes No</p> <p>Cheque attached VISA: # _____ Exp. Date _____</p> <p>Name on Card: _____ Signature: _____</p> <p>Date: _____ Amount Authorized: _____ (\$75 minimum required to book)</p>
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Chateau Rates 2010

Room Rates (Regular):

July 3 – 31, Aug 27 Thurs, Fri, Sat nights
 Aug 1- Aug 29 Sat, Sun, Mon nights

	Sheets	Bring Sleeping Bag
1 person/room	\$90	\$80
2 people/room	\$120	\$100
3 people/room	\$150	\$120
4 people/room	\$180	\$140

Room Rates (40% discount)

July 3 - 31 Sun, Mon, Tues, Wed nights
 Aug 1 - Aug 29 Tues, Wed, Thurs, Fri nights
 (Aug 27 excluded)

1 person/room	\$54
2 people/room	\$72
3 people/room	\$90
4 people/room	\$108

Pillow and pillow case provided for both options. Bring your own sleeping bag or sheets for "Bring Sleeping Bag" option. Most beds are single beds. Taxes not included in rates.

Tenting at Chateau Point \$35-single, \$60-dble, \$80-triple, \$95-quad Tent rentals \$12/night

Regular Rate Meals: Breakfast \$10, Lunch \$10, Dinner \$14 (other than Banquet nights)
 Children 5-12 less 35%, Children 4 and under meals are free.

Discounted Rate Meals: Breakfast \$8, Lunch \$8, Dinner \$12
 Children 5-12 less 35%, Children 4 & under meals are free.

Fax completed form to: 519-827-1701 (before June 21) or 705-944-5840 (after June 21) or scan and email it to jj@wanapitei.net.

APPENDIX VII

PERSONAL INFORMATION PROTECTION AND ELECTRONIC DOCUMENTS ACT



Camper Name: _____

PIPEDA – Bill C-6, which stands for Personal Information Protection and Electronic Documents Act, came into effect on January 1, 2004. Essentially it governs how personal information gathered from parents and campers is collected, stored, shared and used. It means that you have control over the use of your personal information.

In accordance with the provisions of the legislation, Camp Wanapitei is asking your permission to keep your personal information on file. This consists of information gathered from your registration package. We access this information (medical, payment, contact etc.) to ensure the health and safety of campers while at camp, to process registrations, tax receipts and for the distribution of camp publications and information letters to parents. Information may be shared with our associated companies Wanapitei Chateau and Wanapitei CANOE.

I understand the previous paragraph and give Camp Wanapitei permission to the use and storage of the information I have provided.

_____ Date _____

(Parent or Guardian if camper under 18yrs old.)

Photographs of campers may be taken throughout their stay at camp and may be used in the end of camp slide show and/or in promotional material. Camper's names may be published along with photographs in the Paddler- Camp Wanapitei's annual newsletter.

In addition this year we are asking for permission to have your child(ren) and their family's photo in our slideshow, which will be available for sale late fall.

I understand and agree to the photographing and the use of photographs as mentioned in the above paragraph.

_____ Date _____

(Parent or Guardian if camper under 18yrs old)

If you wish to restrict the general nature of either consent please indicate:

APPENDIX VIII



CAMP WANAPITEI CODE OF CONDUCT FOR ALL CAMPERS

		clear warning	oral report to Director	written report to Director	phone call to parent(s)	dismissal from camp
<i>Problem Area</i>	<i>Description</i>	<i>Potential Consequence</i>				
Alcohol & Illegal Drugs	Consumption, use, or possession of alcohol or illegal drugs (including marijuana) on Camp property or while in the Camp's charge				X	X
Bullying	Physical assault or aggression, threat of physical aggression, ongoing and deliberate exclusion, emotional abuse and/or harassment including but not limited to cyberbullying*	X	X	X	X	X
Poor Conduct & Defiance	Persistent opposition to authority, behaviour contrary to the positive moral tone and stance of the Camp. Refusal to comply with persons in authority	X	X	X	X	X
Drugs - legal	Use of non-prescription or prescription drugs not administered or approved by a Health Care professional (including the Camp Nurse or Doctor)	X	X	X	X	X
Smoking	Use of any tobacco products (not limited to cigarettes) on Camp property or while in the Camp's charge (i.e. on trip)				X	X
Harassment	Repeated comments or conduct that is known or ought to be known as unwelcome (including but not limited to ethnocultural/racial, sexual, homophobic, ability discrimination and slurs)	X	X	X	X	X
Sexual Activity	Engaging in any form/level of sexual activity while on Camp property or while in the Camp's charge (i.e. on trip)	X	X	X	X	
Theft & Vandalism	Taking or possessing property without the permission of the owner. Acts of vandalism include graffiti and the willful destruction of property	X	X	X	X	X
Pictures & Words on the Internet	Posting images or words on the internet that are not in keeping with the public image of Camp Wanapitei Ltd.	X			X	

**Cyberbullying" is when, but not limited to, a child, preteen or teen is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child, preteen or teen using the Internet, interactive and digital technologies or mobile phones.

CODE OF CONDUCT SIGNATURES



CAMPER

By signing below I am indicating that:

- I have read and I understand Camp Wanapitei's Code of Conduct. I agree to abide by all the rules and policies in the Code of Conduct.
- In particular, within the Code of Conduct, I agree to not bully and if I witness bullying I know that I have a responsibility to notify my leader.
- In particular, within the Code of Conduct, I have read and I understand Camp Wanapitei's drug and alcohol policy and agree to abide by this rule for this summer.
- In particular, within the Code of Conduct, I have read and I understand Camp Wanapitei's smoking policy and agree to abide by this rule for this summer.

Signature of Camper _____

Print Name _____

Date _____

PARENT

I have read the above policies with my child and understand and agree to support Camp Wanapitei's policies outlined in the Code of Conduct.

Signature of Parent/Guardian _____

Print Name _____

Date _____