



Blind/Deaf Camp Application 2018



Date of Blind Camp: August 9-14, 2018

Instructions:

1. **Please fill in every blank**
2. *Health Record must be completed*
 - a. *A camper with ongoing medical care **must** have a physician sign that you are able to do all activities.*
 - b. *A camper who does not have ongoing medical care must provide a name and phone number of your physician.*
3. *Medication **must** be in the original packaging or in blister packs for dispensing from the nurse.*
4. *Consent and Release must be signed.*
5. *Registration is \$55.00*
6. *Sighted Guide Info: a camper must be able to take care of their own needs; otherwise you are expected to provide your own personal guide.*
7. *We have a zero tolerance policy for drugs, drinking and bad language.*

Conditions of Enrollment

1. *The camp director reserves the right to dismiss any camper who he deems to pose a potential risk to the safety and rights of others, or who appears to have rejected the reasonable rules of the camp.*
2. *The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable will be fully communicated to the camp in writing and a photocopy of the court order referring to visitation rights will also be submitted. This information will be kept confidential.*
3. *Every precaution is taken to insure the safety and good health of our campers, but in the event of illness or accident, Camp Frenda and the Ontario Conference of Seventh-day Adventists, including the camp directors and their staff, and the employees of facilities outside of the camp grounds are released from liability. Each camper must be covered by Provincial Health or the equivalent medical insurance.*
4. *In the event that any camper requires special medications, X-rays, or treatment beyond that which the camp provides, the parents/guardians will be notified immediately. Parents/guardians will also be informed of any additional charges for this special care.*

5. *I hereby consent and authorize the Ontario Conference of Seventh-day Adventists Ministry of Compassion department and Camp Frenda to use my name as well as photos for the purpose of news release, advertising or publicity/promotional uses.*
6. *We cannot guarantee a total peanut free environment. Campers with those allergies will be safe guarded accordingly.*
7. *Parents/guardians who drop their camper off are asked to leave once the camper has been settled into the program.*
8. *Please include a clear photo copy of the campers' health card and all other insurance information.*
9. *Transportation is available from:*
 - a. *The Ontario Conference Office in Oshawa - leaving at 1pm
1110 King Street East, Oshawa L1H 1H8*
 - b. *Crawford Adventist Academy in Toronto - leaving at 2pm
531 Finch Ave West, Willowdale, ON M2R 3X2*
10. *The bus departure time is 1pm from Oshawa and 2pm from Crawford Academy.*
11. *Campers are to arrive between 3:00pm and 5:00 pm at Camp Frenda.*
12. *We will not be responsible for the care and safety of personal electronic items such as: Gameboys, PSP, iPhones, cell phones iPads, iPods, or any other personal items of value.*

Any questions please call Lisa at:

905.571.1022 Ext 111

email: lmercera@adventistontario.org

Please return all forms to by June 1st, 2018 to:

Ministry of Compassion

attn.: Lisa Mercer

1110 King Street East, Oshawa, ON L1H 1H8

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Campers Name: _____
First *Middle* *Last*

Address: _____
_____ PC _____

Telephone (____) ____ - ____ Email: _____

Male ____ Female ____ Date of Birth: _____ Age: _____

OHIP# _____

Other Medical Insurance: Company Name: _____
ID Number: _____
Telephone: _____
Name of Insured: _____
Relationship to camper: _____

CNIB# _____

Name camper goes by: _____

Have you attended this camp before? ____ Yes ____ No

Medical

Doctor Name: _____

Address: _____

Phone: _____

History:

- Is there history of
- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sore Throats |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Dietary Needs |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Other | |

If Other please explain: _____

Has the attendee been exposed to any communicable diseases within the past 30 days? ___ Yes ___ No

If Yes, please explain: _____

Allergies: _____

Blindness:

Legally blind: central visual activity that does not exceed 20/200 in your best eye: field of vision no greater than 20 degrees.

_____ Legally Blind _____ Totally Blind _____ Has seeing eye dog

Does camper wear an appliance for vision, hearing, dental correction or have a prosthesis? ___ Yes ___ No

If yes, please explain: _____

Restrictions: Camp Frenda is not staffed to care for campers with mental and/or physical deficiencies that require professional staff. If a camper cannot provide his/her own care he/she must provide their own caregiver.

Can camper take care of their own hygiene: (dress, comb hair, shower) ___ Yes ___ No

Can camper take care of their own personal self: (eating, restroom, etc.) ___ Yes ___ No

Reason camper needs assistance: _____

Immunization: Date of last Tetanus Booster: _____

Medications: Camper cared for and administered? ___ Yes ___ No _____
Initials

Nurse cared for and administered? ___ Yes ___ No _____
Initials

Over the counter medication available at camp:

Tylenol ___ Yes ___ No

Benadryl ___ Yes ___ No

Advil ___ Yes ___ No

Robitussin ___ Yes ___ No

Tums ___ Yes ___ No

Imodium ___ Yes ___ No

Maalox ___ Yes ___ No

Charcoal caps ___ Yes ___ No

Initials

Visual Activity:

Uncorrected: Left 20/____

Right 20/____

Corrected: Left 20/____

Right 20/____

Medical exam can be performed up to 12 months before camp.

Height: _____

Weight: _____

Blood Pressure ____/____

Diagnosis: _____

Restrictions if any: _____

Please give the dates of the following immunizations

DPT _____

TD (tetanus diphtheria) _____

Polio _____

MMR _____

Measles _____

Mumps _____

Rubella _____

Hepatitis B _____

Haemophilus B _____

Varicella (chicken pox) _____

In Emergency Notify:

Name: _____
First *Last*

Telephone (____) ____ - ____

Email: _____

Cell phone (____) ____ - ____

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Consent and Release

I release the camp management, staff and the Ontario Conference of Seventh-day Adventists from all liability in case of an accident, illness or death and do further indemnify and hold harmless such entities and persons from such claim.

In case of medical emergency, I hereby give permission to the physician selected by the Camp Director or health care personnel to secure proper treatment and/or to hospitalize as deemed necessary.

_____ *Initials*

I agree not to engage in illegal drugs, alcohol, tobacco products, firearms, explosives and sexual promiscuity.

Camp Frenda will be notified 3 weeks in advance if the camper has been exposed to a communicable disease.

All information is correct to the best of my knowledge.

This applicant is legally blind _____

Transportation:

I will drive the camper to camp ___ Yes ___ No

Camper will ride the bus from: ___ Oshawa ___ Crawford Academy ___ Yes ___ No

Camper will return by the bus to: ___ Oshawa ___ Crawford Academy ___ Yes ___ No

Signature: _____ *Date:* _____

I am ___ Parent ___ Legal Guardian ___ Adult Camper ___ Caregiver

*Campers under 18 years of age **must** have parents or guardians signature.*

Registration funds of \$55.00 must be sent with this application or you will not be registered.

___ Cash ___ Certified Cheque

Visa _____ Expiry _____

Master Card _____ Expiry _____