

Camp Bridges



"Love builds bridges where there are none."

Camper's Name: _____

Dear Parent/Guardian,

Thank you for your interest in Camp Bridges. You will find the application package for the camp included with this letter. The camp will be held on May 31, June 1, and 2, 2013 and will accept up to 50 applicants. The application package asks you to share information needed to make this camp experience rewarding for everyone involved. Please complete and return the entire package no later than May 3, 2013 so that your child can be considered for the camp. If possible, a photo of your child would be helpful.

More than 50 children may apply for the camp. While we do not like to turn away anyone who applies, at times it may be necessary to do so. If your child is not chosen to attend the camp this year, please apply again next year.

After your application form is received, we will confirm with you the receipt of your application, clarify any information on the application, and provide you with more details on the camp.

Camp Bridges will be held at Camp Wannakumbac, Clear Lake. Registration for camp is 6:15 – 6:45 p.m. on Friday, May 31, 2013. Please ensure your camper is picked up and signed out Sunday June 2, 2013 between 1:00 – 1:30 p.m.

If you have any questions about the application or about Camp Bridges please call me at the phone number below. It is understandable, especially if this is your child's first time away from home, coupled with the fact that he/she is grieving, that you may be somewhat anxious about the weekend. We want to relieve any anxieties that you may have. I look forward to talking with you.

Sincerely,

Merle Teetaert

Regional Palliative Care Coordinator
Assiniboine Regional Health Authority
Box 447
Deloraine, Manitoba R0M 0M0
Phone: (204) 747-1832

Camp Bridges



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Child's Name: _____

Criteria for Children Attending Camp Bridges

- Must be between the ages of 7 and 17 years
- Must have experienced the death of someone close to them
- Must live in Manitoba
- Must complete and return the application prior to the deadline date of May 3, 2013
- If more than one child per family is eligible to attend, siblings are encouraged to attend camp at the same time

After carefully considering the child's application form, the final decision of applicants accepted is at the discretion of the Camp Bridges Committee.

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Child's Name: _____

Camper Application

Child's Name: _____

Nickname, if any _____ Family email address: _____

Home Address: _____

City/Town: _____ Postal Code: _____

Age: _____ Date of Birth: _____ Gender: _____

Parent's/Guardian's Name: _____

Daytime Phone #: _____ Evening Phone #: _____

	Name	Age
Siblings:	_____	_____
	_____	_____
	_____	_____

Has your child ever spent the night away from home: Yes: No:

Has your child attended any camp in the past? Yes: No:

If so, when and where? _____

T-shirt size: _____

Camp Bridges

Child's Name: _____

Person who will be picking up the camper at the end of camp

****Will be required to show ID**

Name: _____

Relationship: _____

Daytime Phone #: _____

_____ has my permission to attend Camp Bridges

(Name of camper)

and participate in all camp activities _____

(Signature of Parent/Guardian)

Basic First Aid, such as bandaids for minor scrapes or cuts, tensors and ice for minor sprains, Tylenol or Ibuprofen for a headache, medication for upset stomach will be administered by the Camp Bridges nurse.

Camp Bridges has my permission, _____ to administer first aid to

(Signature of Parent/Guardian)

_____.

(Name of camper)

Person to Contact in Case of an Emergency

Name: _____

Relationship to Child: _____

Daytime Phone #: _____ Evening Phone #: _____

Alternate Phone #: _____

Camp Bridges

Child's Name: _____

Medical/Behavioural/Physical

Does your child have any of the following: (If yes, please explain)

1. Allergies Yes: No:

Include all and explain reactions: _____

2. Medications taken on a regular basis: Yes: No:

Please list all:

Medication Policy:

- All prescribed medications must be sent in the **ORIGINAL PRESCRIPTION BOTTLE** (please send a sufficient supply). All medications will be administered by EMS/camp nurse. If the medication is not in the original bottle or the label is not legible **IT WILL NOT BE ADMINISTERED**. Please do not send non-prescription medication unless the camper takes them on a regular basis (i.e. Tylenol).

3. Special Diet: Yes: No:

Explain: _____

4. Asthma: Yes: No:

Explain: _____

5. Convulsions/Seizures: Yes: No:

Explain: _____

6. Diabetes: Yes: No:

Explain: _____

7. Ear Infections: Yes: No:

Explain: _____

Camp Bridges

Child's Name: _____

8. Nose Bleeds: Yes: No:
Explain: _____

9. Sleeping Disorders (i.e. sleep walking, bed wetting): Yes: No:
Explain: _____

10. Eating Disorders: Yes: No:
Explain: _____

11. Difficulty getting along with others: Yes: No:
Explain: _____

12. Fears (i.e. heights, animals, dark...) Yes: No:
Explain: _____

13. Physical Limitations: Yes: No:
Explain: _____

14. Motion Sickness: Yes: No:
Explain: _____

15. Hearing Impairment: Yes: No:
Explain: _____

16. Glasses/Contacts: Yes: No:
Explain: _____

17. Other: _____

Camp Bridges

Child's Name: _____

Bereavement History

1. Name of the person(s) who died _____
2. Relationship to your child _____
3. Date of death _____ Age of deceased at time of death _____
4. How did this person(s) die? _____

5. Does your child know the cause of death? _____
6. How long was the person(s) sick? _____ What was the child's involvement during this time? _____

7. Was your child present at the time of death? _____
Please explain circumstances _____

8. Did your child attend the funeral/memorial service? _____
If yes, how did he/she manage: if no, why not? _____

9. Please explain how your child shows that he/she is still grieving (i.e. any changes in school attendance, grades, interaction with others) _____

Camp Bridges

Child's Name: _____

10. Has your child received any professional support (i.e. psychologist, psychiatrist, school counsellor, support group)? How long was the professional support provided? _____

11. Has your child experienced any other deaths? Please explain: _____

12. Have there been any other changes/stresses in your child/s life (i.e. divorce, illness, relocation...) Please explain. _____

Thank you for taking the time to complete this form.

Please mail it to me at the address listed on page 1

OR you can fax it to me: Merle Teetaert 204-747-3958

Camp Bridges

Child's Name: _____

Conditions of Enrolment:

1. I give permission to Camp Bridges Committee to use photographs of the campers for promotional materials.
2. The parents/guardians submitting this form are those having legal custody of the child. Conditions of custody, if applicable, must be fully communicated in writing to the camp.
3. The parents/guardians, recognizing that the Assiniboine Regional Health Authority, Brandon Regional Health Authority and Central Regional Health Authority will do their part to provide qualified , well-trained staff and a safe environment, agree to assume all risks, and to release, indemnify , and save harmless the regional health authorities and, its employees and representatives (on whose behalf this agreement is made) from any injury, loss or damage that may occur to the camper or camper's property.
4. I herewith give consent for the camp administration to secure medical treatment for the camper while in their care and to arrange for professional medical treatment in the event of an emergency. I give permission for the medical staff to administer medication. I give permission for qualified staff to administer an EpiPen, if needed.
5. I will notify the camp in writing if any change occurs in the camper's health within 3 weeks prior to attending camp;
6. The information included in this application is correct so far as I know and the person described herein has my permission to attend Camp Bridges and participate in all camp activities.

Date: _____

Signature of Parent/Guardian: _____