

Summer Camp Season of 2007

Dear Camper:

Carefully note the following:

*Please ensure that the following are enclosed in the same envelope, labeled with the Camper's first and last name. Hand in the envelope to the person in charge at the bus or Camp. Please **do not** put the envelope in the suitcase.*

Tuck money: We recommend approximately \$2.00 per day for tuck money. If you wish to purchase a camp T-shirt or other souvenirs, you may want to bring along extra money. The cost of a T-shirt is \$15.00.

Camper Profile: This form is to be completed **the day before** the camper arrives at Camp Health, Hope & Happiness. Please describe in **detail** the best method of personal care for this camper and explain how much the camper can do on his/her own. This will confirm that the camp staff has up to date information on the camper ensuring proper care.

Clothing List: Please fill in completely. Ensure that all items are labeled with a **non-water soluble** laundry pen. Include enough clothing and personal care items for the duration of the camper's stay.

Medications: It is necessary that each camper arrive at Camp with ALL necessary prescriptions, medication / apparatus and / or appliances. Please check with your physician that all prescriptions are renewed, filled and sufficient to last the total camp period. ALL MEDICATIONS MUST BE PRE-PACKAGED IN DOSETTES, OR BUBBLE PACKS FROM THE PHARMACIST. DO NOT PACK MEDS IN SMALL ENVELOPES. This allows the Nursing Staff to administer medications with minimal complication. All prescription and non-prescription medications must be given to the nurses.

- **Diabetic** campers must bring insulin, syringe, needles and glucometer/testing strips. Please put the instructions on the Camper Profile.
- **Allergic Reactions:** If you are anaphylactic, you must bring an **Epi-pen**, or whatever necessary. Check with your physician.
- **Personal Drugs:** Camp Health, Hope & Happiness is **NOT** responsible for supplying or paying for prescription drugs required by campers.
- **Ileostomy Bags & Catheters:** Campers must come with adequate supplies for the camp period; cement, solvent, etc. If the camper has poor bladder control, extra clothing must be provided. Send a sufficient number of attends and liners with the camper. (Please put instructions on the Camper Profile).

*****Warning***** Due to severe Peanut Allergies please do not bring any products, or food that contains peanuts, nut oils, or traces of nuts.

Visiting: This is strongly discouraged, as it can be very upsetting to the camper. Allow the camper the maximum opportunity to benefit from their stay. Visit only if you have made prior arrangements with the Camp Coordinators (780) 429-3277 ext 240 or ext 223.

Phone Calls: Camp Health, Hope & Happiness is not responsible for any long distance calls and prefers that campers not use the phones.

TRANSPORTATION:

- **First Day of Camp:**
 - o **BUS TRANSPORTATION:** Our **NEW 2007** bus pick up and drop off location in Edmonton is the **Telus World of Science Centre** located at **11211 142nd Street**. Summer camp is to only use the 111th Avenue entrance and parking lot. Please be at the **Telus World of Science Centre** on the first day of camp no later than 9:00am.
 - o **PRIVATE TRANSPORTATION:** If you are taking private transportation to Camp, please arrive about 11:00 AM***

- **Last Day of Camp:**
 - o **BUS TRANSPORTATION:** The bus will return the campers on the last day of camp to the **Telus World of Science Centre** at 11:30am. The only exception to this is for the Seniors and Physically disabled camps when it will return at 12:30pm. For individuals traveling by **DATS**, we recommend your pick up be ½ an hour later than the anticipated arrival time in the event that the bus experiences some difficulties.
 - o **PRIVATE TRANSPORTATION:** If you are taking private transportation from Camp, please ensure that your ride is here no later than 10:00 AM.
*****THERE IS A \$75.00 FEE FOR ANY PICKUP THAT IS MORE THAN ½ HOUR LATE*****

Airport Pick-up: If you are traveling by plane, please notify camp so arrangements can be made for your pick up, as well as Camp's cost for this service. We will require a copy of your flight itinerary. When booking your flight, it must arrive at the airport after 10:00am on the first day of camp, or anytime the day after and depart from the airport before 12:00 Noon on the last day of camp, or anytime the day before.

Refund / Cancellation Policy:

- Refunds will be issued to individuals who must cancel due to illness, when substantiated by a medical note from the doctor.
- Refunds will be issued to individuals who cancel for any reason **30 days** prior to the first day of the scheduled camp. If you cancel anytime after the 30 days prior to the first day of the scheduled camp you are responsible for the camper fee in full, unless due to medical reasons (which must be substantiated by a medical note from a doctor).
- Once you have been accepted your full camper fees, as well as all outstanding documents, need to be received by camp no later than **14 days** prior to the first day of the scheduled camp. Failure to do so will result in the loss of your deposit and enrolment at camp. A late cancellation means that someone on a waiting list does not get the opportunity to attend.

Laundry Services: There is a \$10.00 per load surcharge on all laundry. Please ensure that campers come with adequate clothing for the duration of their stay. Adequate, basic clothing is essential. At camp, activity level is high and therefore clothes are changed daily due to body odor issues. If you have questions about this change, please call me.

Disposable Under Garments: Please ensure that campers come with adequate Disposable Under Garments. If they don't camp will phone home requesting more or they can be purchased for \$2.00 each providing that camp has the appropriate sizes.

Luggage: Please label all campers luggage with masking tape, including their first and last name, and 1 of 2, 2 of 2 etc.

Children: If you are receiving social assistance or you have a contract with Family Support for Children with Disabilities, please contact your social worker or FSCD worker to determine if they will fund partial or full camp and / or aide fees.

We are looking forward to offering you an amazing camping experience at Camp Health, Hope & Happiness. Thank you so much for your cooperation in the above matters. If you have any questions, please contact me at **(780) 429 – 3277 ext 240** between 8:00AM and 4:30PM.

Sincerely,

Matthew Saad
Camp Coordinator



CAMPER PROFILE

CAMP: _____

This form is to be completed the **day before** the camper arrives at Camp Health, Hope & Happiness. Please describe in **detail** the best method of personal care for this camper and explain how much the camper can do on his/her own. This will ensure that the camp staff have up-to-date information on the camper for proper care.

NAME: _____

Alberta Health Care #: _____

EMERGENCY:

List the names of 2 individuals who will be available 24 hrs while the camper is attending camp

Name: _____

Doctor's Name: _____

Phone #: _____

Phone #: _____

Name: _____

Hospital: _____

Phone #: _____

MEDICATIONS: (Includes Insulin)

Name of Medication

Dose

Time(s) Given

Include non-prescription drugs used on a necessary basis (eg. aspirin, antacids, vitamins). State when given and why:

ALLERGIES: _____

BOWEL ROUTINE

1. What is this camper's bowel pattern? (eg. every second day) _____

2. When did this camper last have BM? Date: _____

3. If this camper is overdue on his/her BM routine, what is used? Laxatives Suppositories Enemas Other _____

TOILETING:

Uses incontinence pads? Yes No Type used _____ Soaker pad on bed at night? Yes No

EATING (State if on special diet and enclose diet plan): _____

DRINKING: _____

SLEEPING: Any sleeping concerns or requirements? _____

BATHING, ETC.: _____

BEHAVIOURS (violent reactions, disruptive behaviour, attention seeking, faking illness, etc.): How are these behaviours handled? _____

CAMP HEALTH, HOPE & HAPPINESS SOCIETY

FSCD FORM

In order for Camp Health, Hope & Happiness Society to access funding from Family Support for Children with Disabilities, the following information must be provided no later than 14 days prior to the first day of the scheduled camp. Please completely fill out the information below.

1. Name of child attending camp: _____

2. Child's FSCD Number: _____

3. INVOICE INFORMATION:

a. Name of FSCD Worker: _____

b. Address of FSCD Worker: _____

c. Phone number of FSCD Worker: _____

4. Dates of the camp the child is attending: _____

*****PLEASE ONLY INDICATE THE AMOUNT THAT FSCD WILL FUND*****

I acknowledge that _____ is registered in a camp(s) at
(Name of child attending camp)

Camp Health, Hope & Happiness Society. I give permission for camp to invoice FSCD for the
Camper fee of _____ and aide fee of _____
(if applicable)

I agree to pay any part of the fee not covered by FSCD.

Name of parent/guardian (please print)

Signature of parent/guardian

Phone Number: _____

When this information is received, Camp Health, Hope & Happiness Society will invoice FSCD directly.
Signing of this form indicates that Camp Health, Hope & Happiness Society may contact FSCD if necessary.
Thank you in advance for your assistance.

PARTICIPATION AGREEMENT

If the Camper is a minor (under the age of 18) or legally incapable of handling his/her own affairs, this form must be completed by a parent or legal guardian. Otherwise, it should be completed by the Camper.

Name of Camper: _____ Birthdate: _____
MONTH/DAY/YEAR

Address: _____ Postal Code: _____

The Camper wishes to participate in the summer program at Camp Health, Hope and Happiness Society. As a condition of participation he/she agrees to the following:

1. I am aware that Camp Health, Hope and Happiness Society provides activities such as swimming, boating, out-tripping, a ropes course and climbing wall which will involve physical activity and could result in stress or injury. I waive any action or claim against Camp Health, Hope and Happiness Society for any accident or injury except to the extent that such accident or injury is due to the negligence of the Camp, its employees or agents.
2. I agree to pay any additional costs/charges not covered by camper fee but deemed necessary for the proper care of the camper, or arising from the actions of the camper, i.e., transportation costs in the event of early return, damage to property, cost to purchase medications, etc.
3. I consent and authorize such medical and/or hospital care as deemed necessary by competent medical authority of the Camp.
4. Camp Health, Hope and Happiness Society is a not-for-profit organization relying upon donations from the public and private sectors for its operation. I consent to the use, reuse and publication of my recorded voice, statements and photographs of me and I waive all current or future compensation.
5. I agree that Camp Health, Hope and Happiness is not responsible for damages to camper's property and/or equipment during their stay at camp.

DATE: _____ YEAR: _____

CAMPER (IF OWN GUARDIAN): _____
(SIGNATURE)

PARENT/LEGAL GUARDIAN: _____
(SIGNATURE)

PHONE NUMBER (BUS.): _____ RES.): _____

**A SPECIAL THANK YOU TO
BRIGGS BUS LINES FOR ONCE AGAIN DONATING
OUR SUMMER CAMP BUS SERVICE!**

**PLEASE FEEL FREE TO SEND ANY MESSAGES
OF APPRECIATION TO:**

**BRIGGS BUS LINES
16103 66th Street
EDMONTON, ALBERTA
T5E 5S7
ATTN: DON BRIGGS**

CLOTHING LIST - CAMP HE HO HA

CAMPER'S NAME: _____ DATE: _____

PLEASE NOTE: Camp is **NOT** responsible for lost items. Lost clothing continues to be a problem, so please do not send new clothing. The camping experience can sometimes be "messy" so please do not send good clothing.

LABEL ALL clothing and personal belongings with camper's first and last name using a non-water soluble laundry marker to avoid lost items.

Label luggage, sleeping bag and pillow/pillow case with camper's name and address

When filling out the clothing list, **include the clothing the camper is wearing to camp.**

ARTICLE PLEASE LABEL EVERYTHING!!	DESCRIPTION (INCLUDE COLOUR)	# OF ARTICLES		
		HOME	1ST DAY	END CAMP
LAUNDRY BAG, LABELLED (i.e. a pillow case)				
SLEEPING BAG (not needed for Seniors' camps)				
RAIN COAT				
1 PAIR RUNNING SHOES				
1 PAIR DRESS SHOES				
1 SET OF DRESS CLOTHES (DANCE)				
3-4 PAIRS PANTS/JEANS				
4 PAIRS SHORTS				
1 BATHING SUIT				
1 JACKET				
2 SWEATSHIRTS/SWEATERS				
6 T-SHIRTS/BLOUSES				
2 PAIRS PYJAMAS				
6 SETS OF UNDERWEAR				
6 PAIRS OF SOCKS (WELL LABELLED)				
1 HAT FOR SHADE				
2 BATH TOWELS, 2 FACE CLOTHES				
SOAP, DISH & SHAMPOO				
TOOTH BRUSH & TOOTH PASTE				
COMB & HAIR BRUSH				
RAZOR & DEODORANT				
SANITARY PADS (IF APPLICABLE)				
INSECT REPELLENT				
SUNSCREEN AT LEAST SPF 30				
1 FLASHLIGHT (IF YOU WISH)				
OTHER: DEPENDS, LINERS, ALL CATHETER/OSTOMY SUPPLIES, WHEELCHAIR, TRAY, WALKER, BRACE, COMMUNICATION DEVICE, ELECTRIC WHEEL CHAIR BATTERY CHARGER, ETC				

BEGINNING OF CAMP: _____ END OF CAMP: _____

COUNSELLOR'S SIGNATURE

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