



# Nova Scotia Fire Fighters Burn Treatment Society

P.O. Box 481 Dartmouth Main, Dartmouth, Nova Scotia, B2Y 3Y8  
Ph: 902-471-4328 Fax: 902-835-0166 Email: info@nsffbts.ca



## CHILD / YOUTH BURN SURVIVOR CAMP CONNECT APPLICATION FORM

All questions must be filled out to the fullest for the benefit of both campers and staff. You may print the form and complete it by hand or, download the form from [www.nsffbts.ca/camp.html](http://www.nsffbts.ca/camp.html) and fill it out on your computer, save the file, and then either email the form as an attachment to [camp@nsffbts.ca](mailto:camp@nsffbts.ca) or, print the form and send through regular mail at the address above by June 30th. The application will be returned for completion if information is omitted.

### PERSONAL INFORMATION

Last Name:		First Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	School grade in Fall:	
Parent(s)/Guardian(s) Name:			
Email Address:			
Street Address:		Postal Code:	
City / Town:		Province:	
Home Phone (Mother):		Work Phone (Mother):	
Home Phone (Father):		Work Phone (Father):	
Resides With:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Both <input type="checkbox"/> Other

### IMPORTANT: If Parent or Guardian is not available in an emergency, please contact:

Name:	Phone:
Name:	Phone:

### CAMPER DESCRIPTION

In order to protect campers and staff and comply with the guidelines set forth by the Camping Association of NS and PEI, we require a physical description of everyone attending camp. In addition, a digital photograph will be taken at camp for identification.

Height:	Weight:
Eye Colour:	Hair Colour:
Hair Length:	Hair Style (curly, straight, etc.):
Any Distinguishing Features:	

**MEDICAL INFORMATION**

While it is not necessary to have a Doctor's examination, we strongly encourage an exam if:

- 1) You have any doubts about your ability to participate in any activity.
- 2) You have been exposed to any communicable disease.

Provincial Health Card Number:

Effective Date:

Expiry Date:

Province (if not Nova Scotia):

Name of Family Doctor:

Phone Number:

Has the camper been diagnosed with Attention Deficit Disorder (ADD or ADHD)?  YES  NO

If YES, please check one of the following:

- Camper will need to take medication(s) for this at camp.
- Camper normally takes medication(s), but will **NOT** be taking it at camp.
- Camper does not take medication for this.

**HEALTH HISTORY**

Have you been in contact with any contagious or infectious diseases?  YES  NO

If YES, please complete the following:

Which Disease(s)?	When?

Have you suffered from any of the following (Please check either YES or NO):

Convulsions:  YES  NO      Asthma:  YES  NO

Epilepsy:  YES  NO      Seizures:  YES  NO

**ALLERGIES**

Please check all that apply:  Hay Fever       Penicillin       Insect Stings / Bites

Animals (specify): \_\_\_\_\_  Food (specify): \_\_\_\_\_

Other (specify): \_\_\_\_\_

**MEDICATIONS**

Please list all medications your camper will need to take while at camp (include dosage & frequency). Also include any over-the-counter medications you are sending with your camper.

NAME	DOSAGE	FREQUENCY

**Please Note: Camp Nurse will administer all medications to your camper.**

Are there medications the camper usually takes but will not be taking at camp?  YES  NO  
 If YES, please list (including dosage & frequency):

NAME	DOSAGE	FREQUENCY

**INFORMATION RELATED TO BURN INJURY**

Date of Burn Injury: \_\_\_\_\_ Size of Burn (%): \_\_\_\_\_

Burns to which area? (Check all that apply)  Right Arm  Left Arm  Right Leg  Left Leg  
 Right Hand  Left Hand  Face/Neck  Trunk/Back

List burn scar garments that are currently being worn:

List any special splints / appliances / masks that are currently being worn:

Are you prone to skin breakdown?  YES  NO

Do you have any open areas present?  YES  NO

Location:

### BRINGING A GUEST TO CAMP

The NSFFBTS will cover the cost for burn survivors to have a guest at camp. Guests must fill out a Guest Application Form. Burn Survivors and their guests are responsible for their own transportation to and from camp.

Will you be bringing a guest to camp?  YES  NO

If YES, then who?

Relationship:

### CAMP CONNECT DRUG POLICY

Camp Connect has a '**ZERO TOLERANCE**' drug policy. The use/possession of illegal substances and or drug paraphernalia is a crime under the '*Controlled Drugs and Substance Act*' the '*Youth Criminal Justice Act*' and under the '*Criminal Code of Canada under section 462.2*'.

Anyone who is under the influence of drugs and or in possession of drugs and or drug paraphernalia will have proper authoritative measures taken

Drugs in Canada are regulated under the *Controlled Drugs and Substance Act*. Offences under this act include possession. Young people who commit offences under this act can be arrested and charged and can get a criminal record, subject to the *Youth Criminal Justice Act*.

The term "drug paraphernalia" refers to any equipment that is used to produce, conceal and consume illicit drugs. This includes, but is not limited to bongos, roach clips, needles and various types of pipes.

**\*\*Note, the possession of Alcohol and or tobacco by minors is strictly prohibited at Camp Connect\*\***

### CAMP CONNECT CONFIDENTIALITY POLICY STATEMENT

Camp Connect is committed to handling any personal information that we may collect in a professional, respectful, and lawful manner with the national Personal Information Protection and Electronic Documents Act (PIPEDA).

Camp Connect collects personal information (names and addresses) for the purpose of communicating information about the Camp to its camping facilities and donors; and for fundraising activities. By providing this information, camping families give consent to the collection, use and disclosure by Camp Connect of personal information in accordance with this privacy policy. Any information collected for these purposes is for the sole use of Camp Connect and will not be made available to any other organization or agency.

Camp Connect collects personal information, including pertinent health records of children and adults using the camp, for the purposes of security and safety of campers while at the camp. Such information will be kept in strict confidence and used only in the case of emergency. Camp Connect agrees that such information will be secured in locked cabinets and/or a password-protected database, used only by authorized staff.

If at any time you have any questions about your personal information, please contact our Privacy Officer, Mary-Beth Rowe, at 1-902-835-0166. A copy of this Privacy Policy is available at our website: [www.nsffbts.ca](http://www.nsffbts.ca).

## WAIVER AND CONSENT

The undersigned as the burn survivor attending the Nova Scotia Firefighters Burn Camp and parent/guardian:

- Releases and waives all claims or rights of action against agents, volunteers, and employees of Camp Scotia Glen, the Q. E. II Health Sciences Centre, the I.W.K Hospital, the Nova Scotia Firefighters' Burn Treatment Society, in any way related to the participants at camp.
- Indemnifies all the parties mentioned above from any loss, damage, or liability which they may suffer in any way related to the participant's attendance at camp.
- Consents to routine medical treatment while the participant is at camp and to the admission to hospital upon recommendation of the staff volunteers at the camp.
- Consents to allow the camper to be in photographs that may be used in information pamphlets for Burn Camp, or Burn Camp presentations, or may be used for media purposes.
- Agrees that the Camp Connect staff, or their authorized agents, may administer over-the-counter medications or their generic equivalents, as deemed necessary. This will include, but is not limited to, the following:
  - Calamine lotion, Betadine, Maalox, Pepto-Bismol, Aspirin, Tylenol, Neosporin ointment, sun block, sting ointment, Blistex, Visine, sore throat lozenges, antihistamine for allergy, cough medication, insect repellent, etc.

\_\_\_\_\_  
Signature of Burn Survivor or  
Parent/Guardian (if camper is a minor)

\_\_\_\_\_  
Date

### SENDING THIS FORM BY EMAIL

If choosing to submit this form by email the form *may* not be physically signed. If submitting this form by email without a physical signature, please read the paragraph below and check the "I AGREE" box if in agreement. Failure to check the box below (only if submitting by email) will result in rejection of the entire application form. You may disregard checking the box if submitting by email with a signature above.

I AGREE

By checking the "I AGREE" box on the left, in the absence of a physical signature, I (the Camper and/or Parent / Guardian) agree to all the terms outlined in this form. I also agree submitting this form electronically will effectively serve as my signature and will be binding as if signed in person.

**The option to email or print this form can be found at the end of the Counsellors Information Sheet below.**

**Please Note: There is a single blank page directly below for double sided printing purposes only.**

**Continue down to fill out the Counsellors Information Sheet.**





# CAMP CONNECT COUNSELLOR INFORMATION SHEET



The following sections deal with relevant information for the Head Counsellor of your camper's cabin/group. Some of the information may be duplicated from above but necessary for the Head Counsellor to know. Please complete the following sections.

## SURVIVOR INFORMATION

Last Name:	First Name:
------------	-------------

Date of Birth:

## DIETARY INFORMATION

Vegetarian? <input type="checkbox"/> YES <input type="checkbox"/> NO	Vegan? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

If your camper has food allergies, please list them below:

## BEHAVIOR TRAITS

Does your camper have a learning disability?  YES  NO If YES, please give details below:

Does your camper have behavioral problems?  YES  NO If YES, please provide details below:

Does your camper have attention deficit disorder?  YES  NO If YES, please provide details below:

Is your camper prone to homesickness?  YES  NO If YES, please provide details below:

Does your camper have any specific fears?  YES  NO If YES, please provide details below:

Does your camper have any sleeping problems / issues?  YES  NO If YES, please provide details below:

**BEHAVIOR TRAITS CONTINUED**

Does your camper bed wet?  YES  NO If YES, please provide any suggested strategies below:

Please comment on any behavior traits your camper has which would be useful for the Counselors to know about. (i.e. temper, sulkiness, easily hurt, etc.):

**CAMPER ACTIVITIES**

What activities does the camper enjoy?

What Activities does the camper not enjoy?

What level has the camper reached in swimming?

**DISCIPLINE**

If disciplinary action is required, what would you recommend?

**Please note: Our policy for discipline is one, two, and three.  
(one - warning, two - call home, three - have to go home)**

**Note:** This discipline policy excludes our 'Zero Tolerance' drug policy which outlines the immediate authoritative measures taken. Also, behavior deemed by camp directors to be damaging to persons, property or overall safety are grounds for immediate removal.

Any additional comments or suggestions pertaining to your camper: