



Nova Scotia Firefighters' Burn Treatment Society

Post Office Box 481, Dartmouth Main, Dartmouth, Nova Scotia, B2Y 3Y8,
 Phone/Fax (902) 835-0166, email: nsffbts@eastlink.ca,
 Web Page: www.nsffbts.ca

CHILD/YOUTH BURN SURVIVOR

Camp Connect Application					
<p>All questions must be filled out to the fullest for the benefit of both campers and staff. Please complete the following and return to the above address by June 30th. The application will be returned for completion if information is omitted.</p>					
Personal Information					
Name (Last)			(First)		
Date Of Birth			School Grade in Fall		
Parent/Guardian's Names					
Email address					
Home Address				Postal Code	
City/Town			Province		
Home Phone (Mother)			Business Phone (Mother)		
Home Phone (Father)			Business Phone (Father)		
Resides With	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Both	<input type="checkbox"/> Other	
IMPORTANT (If Parent / Guardian is not available in an emergency, notify:)					
Name				Phone	
Additional phone numbers (if necessary)					

Camper Description	
<p>In order to protect campers and staff and comply with the guidelines set forth by the NS Camping Association, we now require a physical description of everyone attending camp. In addition, a digital photograph will be taken at camp for identification purposes.</p>	
Height	Weight
Eye colour	Hair colour
Hair length	Hair type (curly, straight)
Any Distinguishing features	
Medical Information	
<p>While it is not necessary to have a Doctor's examination, we strongly encourage an exam if:</p> <ol style="list-style-type: none"> 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
<p>Has camper been diagnosed with an Attention Deficit Disorder (ADD/ ADHD)? <small>Circle</small></p> <p style="text-align: center;">YES NO</p> <p>If yes, please indicate one of the following:</p> <ol style="list-style-type: none"> 1. My camper will need to take medication for this at camp 2. My camper normally takes medication, but will NOT be taking it at camp. 3. My camper does not take medication for this condition. 	

Health History						
Have you been in contact with any contagious or infectious disease?						
Which disease(s)?			When?			
Have you suffered from any of the following: (circle yes or no)						
Convulsions		Yes No		Asthma		
Epilepsy		Yes No		Seizures		
		Yes No		Yes No		
Please list all medications your child will need to take while at camp (incl. dosage, frequency). Continue on back of sheet if necessary. Also include any over-the-counter medications you are sending with your child.						
Name		Dosage		Frequency		
Please Note: Camp Nurse will administer all medication to your child						
Are there medications your child usually takes but will not be taking at camp? (circle) Yes or No						
If yes, please list (incl. dosage, frequency). Continue on back of sheet if necessary.						
Name		Dosage		Frequency		
Allergies						
Check all that apply:	Hay fever				Penicillin	
	Insect stings				Foods (specify)	
	Animals (specify)				Other (specify)	

Information Related to Burn Injury						
Date of Burn Injury			Size of Burn(%)			
Burns to which area? (check or circle all applicable)	Face/Neck				Arms	(L) (R)
	Hands	(L) (R)			Legs	(L) (R)
	Trunk/Back					
List of burn scar garments worn currently:						
List any special splints/appliances/masks worn currently:						
Are you prone to skin breakdown? (circle)			YES	NO		
Do you have any open areas at present? (circle)			YES	NO		
Location:						
The firefighters will cover the cost of one additional person attending. If you would like to bring more than one person, you will be responsible for finding accommodations for your group and covering the cost						
Will you be bringing one extra person?			YES or NO (circle)			
If YES, then who?			Relationship?			
GUESTS MUST FILL OUT A GUEST APPLICATION FORM						
You are responsible for your own transportation to camp.						
We would like to stress that smoking, drinking, and using drugs is not permitted at this camp. Anybody suspected of being under the influence will be asked to leave the camp or will be sent home.						

Waiver and Consent	
<p>The undersigned as the burn survivor attending the Nova Scotia Firefighters Burn Camp and parent/guardian:</p> <ul style="list-style-type: none"> • 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 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: <ul style="list-style-type: none"> ➤ Calamine lotion, Betadine, Maalox, Pepto-Bismol, Aspirin, Tylenol, Neosporin ointment, sunblock, sting ointment, Blistex, Visine, sore throat lozenges, antihistamine for allergy, cough medication, insect repellent, etc. 	
Signature of Burn Survivor	Date
Signature of Parent/Guardian (if camper is a minor)	Date

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 Nora-Gene Goodwin at 1-902-835-0166. A copy of this Privacy Policy is available at our website: www.nsffbts.ca

