

CHILD'S NAME: _____



Dear Parent/Guardian,

Thank you for your interest in Camp Stepping Stones. You will find the application package for the camp included with this letter.

This year's camp will be held at Camp Arnes on **June 1st, 2nd & 3rd, 2018** with registration on Friday at 6:00 p.m. and check-out on Sunday at 1:00 p.m.

The application package asks you to share information that we need to make this camp experience rewarding for everyone involved. Please complete and return the entire package no later than **Friday, April 27th, 2018** so that your child can be considered for the camp. A separate application must be completed for each child. Receipt of all applications will be by phone or email.

Each year we accept up to 50 children who meet the included criteria, we may receive more applications than we are able to take. 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. Once your child is accepted, you will be contacted by phone to clarify information on the application and to provide you with additional details on the camp. An acceptance letter which includes directions and a packing list are mailed out in May.

Camp Stepping Stones is made possible through the generosity of donations, there is no fee for your child to attend. You are responsible for the child's transportation to and from camp.

If you have any questions about the application or about Camp Stepping Stones please call Sandra at **1-855-494-7369**. Remember that we will also be contacting you to answer any questions once we have received the application form. 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. We look forward to talking with you.

Sincerely,

Sandra Milotte
Camp Stepping Stones Team
Email: smilotte@ierha.ca

Criteria for Children Attending Camp Stepping Stones

- Must be between the ages of 7 and 17 years
- Must have experienced a significant death
- Must live in Manitoba
- Must complete and return the application prior to the deadline date (see letter)
- Child must not have a history of or demonstrate any physical, emotional or verbal behavior that could endanger themselves or others
- If more than one child per family is eligible to attend, siblings are encouraged to attend camp at the same time
- Applicants may apply to attend CSS up to a maximum of two (2) times **only** if they have experienced a subsequent death, please note further information may be required from other professional support involved with the applicant

**After carefully considering the child's application form, the final decision is based upon our ability to meet the needs of the applicant and ensure safety. Acceptance is at the discretion of the Camp Stepping Stones Committee.

Please send the completed application to:

campsteppingstones@ierha.ca or

***Camp Stepping Stones
c/o Interlake-Eastern Regional Health Authority
Box 250, Gimli, MB R0C 1B0
Fax: 204-642-4924***

CHILD'S NAME: _____



**Camp Stepping Stones Camper Application
Interlake-Eastern Regional Health Authority**

Camper's Name _____
Last First Middle

Nickname (if any) _____

Home Mailing Address _____

City/Town _____ Postal Code _____

Age ____ Date of Birth _____ Gender: M F MHSC _____ PHIN _____

Doctor's Name _____ Phone Number _____

Special Diet _____ Allergies (specify) _____

Parent's/Guardian's Name _____

Daytime Phone # _____ Evening Phone # _____

Email (if you prefer to have packing list/evaluation form emailed) _____

Siblings:	Name	Age
	_____	_____
	_____	_____
	_____	_____

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

Has your child ever attended Camp Stepping Stones in the past? Yes No

Has your child ever attended Camp Bridges in the past? Yes No

If yes when: _____

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

If so, when and where:

CHILD'S NAME: _____

T-Shirt Size (please circle) ADULT S/M/L/XL, XXL CHILD S/M/L

Persons to contact in case of an emergency

Name _____ Relationship to child _____

Home phone # _____ Cell/Alternate # _____

Name _____ Relationship to child _____

Home phone # _____ Cell/Alternate # _____

Name _____ Relationship to child _____

Home phone # _____ Cell/Alternate # _____

Custody Arrangements

Child lives with (please circle) Mother, Father, Both, Other describe:

If applicable are there any separation agreements, court orders or other documents setting out custody arrangements for the child? Yes No

Is there anyone who is legally been denied access to the child? Yes No

If yes, copies of the legal document are required. Camp Stepping Stones cannot ask the police to enforce custody arrangements if documents are not provided.

If applicable, are there any informal custody arrangements? Please describe:

Person who will be picking up child at end of camp *will be required to show ID

Name _____ Relationship to child _____

Day time phone # _____

CHILD'S NAME: _____

Name of camper: _____ has my permission to attend Camp Stepping Stones and participate in all camp activities.

(Signature of Parent/Guardian)

(Date)

I, (please print) _____ understand that it is my responsibility to arrange for the transportation of my child:

_____ to and from Camp Stepping Stones. If I or another designated adult will be late dropping off or picking up my child, I will notify Camp Stepping Stones staff. If I will be later than one hour past camper pick-up time, I am aware that CHILD and FAMILY SERVICES AFTER HOURS may be contacted to assist with the care and supervision of my child.

(Signature of Parent/Guardian)

(Date)

*If your child(ren) are selected to attend Camp Stepping Stones, you will be provided with Camp information, packing lists and directions including contact numbers for staff during the camp weekend.

Medical/Behavioral/Physical Complete by parent/guardian

Please complete the following:

Incomplete forms may result in our ability to consider your child for camp this year. If answer is 'yes', please provide additional information.

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

1. Allergies Yes No
Include all and explain reactions:

Medications taken on a regular basis: Please list all including Anaphylaxis Emergency treatment kit (Epi-pen or an Ana-kit), please ensure that this is brought to camp and signed in with the camp nurse

My child is not currently taking any medications

Basic First Aid, such as band aids (for minor scrapes or cuts), tensors and ice (for minor sprains), Tylenol, Ibuprofen, Benadryl, Tums and Gravol will be administered by the Camp nurse who is a licensed Registered Nurse or EMS who may be called to camp.

I give permission for this child to receive Basic First Aid as deemed necessary by Camp nurse/EMS

Yes No

Medication Policy

If medication is required; it is **your responsibility to have your child's physician complete the attached medication form.**

1. All prescribed medication must be sent in the **ORIGINAL PRESCRIPTION BOTTLE** (please send sufficient supply; with a few extra). All medications will be administered by the camp nurse. If the medication is not in the original bottle or the label is not legible **IT WILL NOT BE ADMINISTERED**. Campers are not allowed to carry their own medication unless the request is specified below (such as aero chambers to treat asthma).

2. Special Diet Yes No

Explain: _____

3. Asthma Yes No

Explain: _____

4. Convulsions/Seizures Yes No

Explain: _____

5. Diabetes Yes No

Explain: _____

6. Ear Infections Yes No

Explain: _____

7. Nose Bleeds Yes No

Explain: _____

8. Sleeping Disorders (i.e. sleep walking, bed wetting) Yes No

Explain: _____

9. Incontinence: Bowel or Urinary (i.e. constipation, daytime wetting) Yes No

Explain: _____

10. Eating Disorders Yes No

Explain: _____

11. Difficulty getting along with others Yes No

Explain: _____

12. Behavioral Issues (i.e. drugs, alcohol, sexual behaviors, self harm) Yes No

Explain: _____

13. Fears (i.e. heights, animals, dark...) Yes No

Explain: _____

14. Physical Limitations Yes No

Explain: _____

15. Motion Sickness Yes No

Explain: _____

16. Hearing Impairment Yes No

Explain: _____

17. Glasses/Contacts Yes No

Explain: _____

18. Swimming Lessons Yes No

Last Level Passed _____ Needs Life Jacket _____

19. Horseback Riding Experience Yes No

Explain: _____

20. Other Yes No

Explain: _____

Bereavement History

The more information you provide, the better we are able to understand and support your child. Please feel free to attach additional information.

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

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

8. Was the child present at the time of death? _____
Explain circumstances _____

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

10. Have any religious/cultural beliefs about death been explained or provided to the child?

CHILD'S NAME: _____

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

12. Has the child received any professional support (i.e. psychologist, psychiatrist, school counselor, support group)? How long was the professional support provided?

13. Has the child experienced any other deaths? Please explain.

14. Have there been any other changes/stresses in the child's life (i.e. divorce, illness, relocation,...) Please explain.

CHILD'S NAME: _____



PHYSICIANS ORDERS

Camper's Name: _____ Date of Birth: _____

PHIN: _____ MHSC: _____

Family Physician: _____

MD's Telephone #: _____ MD's Fax #: _____

The above named child may be attending Camp Stepping Stones June 1, June 2 & 3, 2018.

Camp policies require that medication be administered by the camp nurse/EMS. In order to do so Camp Stepping Stones requires a completed physician order form for the medications being taken.

Please list all medication indicating the dose and frequency and fax the signed form to 'Camp Stepping Stones' at (204) 642-4924.

If you have any questions or concerns, please contact Sandra at 1-855-494-7369.

Medication	Dose	Frequency

Physician Signature _____

Date _____

CHILD'S NAME: _____



PHOTO CONSENT/OPT OUT FORM

To assist us in identifying the child in photos we may take, please provide a recent picture and include their name on the back of the photo.

We often take photographs during Camp to preserve memories and foster community. We assume the right to use pictures on the Interlake-Eastern Regional Health Authority website and in our publications (newsletter, brochures & promotions)

If you do **NOT** wish for photographs of your child engaging in Camp Stepping Stones activities to be published through our various media points please opt out using this form. (If you are the parent/guardian of more than one camper, you must fill out a separate form for each).

Photos of my child **may be** published

Photos of my child **may NOT** be published

Name of Child

Signature of Parent/Guardian

Date



**Camp Stepping Stones Anti-Bullying Pledge
Camper and Parent/Guardian Agreement**

Bullying is an aggressive behavior that is intentional that can take many forms (verbal, physical, social/relational/emotional or cyber bullying); involves an imbalance of power and is often repeated over a period of time. The bullying can consist of one child bullying another, a group of children ganging up against one lone child, or one group of kids targeting another group. Common behaviors attributed to bullying include put-downs, name calling, rumors, gossip, verbal threats, menacing harassment, intimidation, social isolation or exclusion, and physical assaults.

Everyone at Camp Stepping Stones belongs and has the right to feel physically and emotionally safe, secure and respected. Volunteers and camp staff will make every effort to address situations immediately, beginning with a discussion of the behavior.

Camper's Responsibility:

Bullying is a choice. I commit that I will not bully my peers (fellow campers, counselors, volunteers and staff).

I agree to:

Treat peers with kindness and respect

Not engage in verbal, relational or physical bullying and cyber bullying

Support peers who have been victimized by bullying

Speak out against verbal, relational or physical bullying and cyber bullying

Report to a Camp Stepping Stones adult when I witness bullying

Camper's signature

Date

CHILD'S NAME: _____



**Camp Stepping Stones Anti-Bullying Pledge
Camper and Parent/Guardian Agreement**

Parent/Guardian's Responsibility:

I commit to encouraging my child to always respect others. I have instructed my child not to bully. I have advised my child to report any bullying to an adult at Camp Stepping Stones.

Parent/Guardian Signature

Date

Bullying Consequences

No warnings will be given; this pledge acts as the warning. We understand that bullying will result in the following disciplinary action:

1st Offense: Camper will miss an activity

2nd Offense: Camper will miss two activities

3rd Offense: Camper will be sent home at the expense of the Parent/Guardian

Camper Signature

Parent/Guardian Signature

CHILD'S NAME: _____

Conditions of Enrollment:

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.

Initial _____

The parents/guardians, recognizing that Interlake-Eastern Regional Health Authority will do its part to provide qualified, well-trained staff and a safe environment, agree to assume all risks, and to release, indemnify, and save harmless Interlake-Eastern RHA, 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.

Initial _____

I have obtained and attached signed Physicians Orders and understand that if medication is not in the original bottle or the label is not legible it will not be administered.

Initial _____

I herewith give consent for the camp administration to secure medical treatment for the camper while in care and to arrange for professional medical treatment in the event of an emergency. I give permission for the Camp Nurse to administer medication. I give permission for volunteers selected for Camp Stepping Stones who are medical professionals to administer an Anaphylaxis Emergency treatment kit (Epi-pen/Ana Kit) if needed. I will notify the camp in writing if any change occurs in the camper's health within 6 weeks prior to attending camp.

Initial _____

I have read and completed the photo consent/opt out form.

Initial _____

I have read, reviewed and signed the anti-bullying pledge with my child.

Initial _____

The information included in this application is correct so far as I know and the person described herein has my permission to attend Camp Stepping Stones and participate in all camp activities.

Signature of Parent/Guardian: _____ **Date:** _____

Please send the completed application to:

campsteppingstones@ierha.ca or

Camp Stepping Stones
c/o Interlake-Eastern Regional Health Authority
Box 250, Gimli, MB R0C 1B0
Fax: 204-642-4924

CHILD'S NAME: _____