



Day Camp for Children with Fetal Alcohol Spectrum Disorder 2021

The camp where children with FASD can be themselves!

There will be no cost associated with our Day Camp. Your child can enjoy a FREE day of fun with lunch and a snack provided by Lakeland Centre for FASD.

For Who?

For youth 14 to 17 years of age with Fetal Alcohol Spectrum Disorder.

When?

Day Camp runs **10am-5pm**

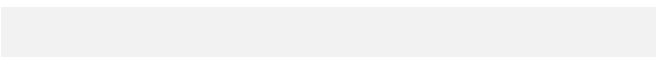
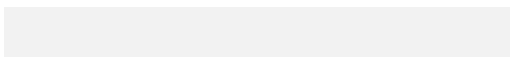
(Please check which camp your child would like to attend)

- Day Camp 1: July 5 & 6, 2021**
 - Fishing Lake / Elizabeth Settlement

- Day Camp 2: July 8 & 9, 2021**
 - St. Paul

- Day Camp 3: July 12 & 13, 2021**
 - Kikino / Buffalo Lake

- Day Camp 4: July 15 & 16, 2021**
 - Lac La Biche



PLEASE NOTE:

These day camps will be following all guidelines and procedures for COVID-19 released by the Chief Medical Officer of Health Orders. COVID-19 Information for Day Camp Guidance and a Health Assessment Tool for your child has been attached to this application for more information.

Return Camp Packages to:

LCFASD

Box 479

Cold Lake, AB T9M 1P1

Fax: 780-594-9907

E-mail: admin@lcfasd.com

Lakeland FASD Summer Day Camp

Camp Registration - 2021

Camper's Information

Name:	
Mailing Address:	City:
Postal Code:	Phone:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Birthday:
Medical Conditions:	
Origin: <input type="checkbox"/> Metis/Inuit/First Nation (Name _____)	
<input type="checkbox"/> Caucasian <input type="checkbox"/> Other	

Emergency Information:

Primary Contact:

Name: _____ Relationship to camper: _____

Home Phone: _____ Alternate Phone: _____

Will you be away from these numbers during the camp? Yes No

Where will we be able to contact you in case of an emergency:

Alternate Contact:

Name: _____ Relationship to camper: _____

Home Phone: _____ Alternate Phone: _____

Address: _____

Alberta Health Care Number: _____

Social Worker (if applicable): _____

Telephone: (Bus.) _____ (Cell/Pager) _____

Specific Information:

Child's Diagnosis: _____

What are your child's secondary disabilities? (Please check all that apply)

- Sensory issues
- Fine Motor Difficulties
- Visual Perceptual Motor
- Depression
- Anxiety
- ADHD
- ADD
- ODD
- Conduct Disorder
- Other mental Health
- Medical Issues
- Abstract Reasoning
- Receptive Language
- Expressive Language
- Social Language
- Cognitive Deficits
- Slow Processing
- Developmental Disability
- Learning Disability
- Academic Deficits
- Memory Disorder
- Articulation Difficulties
- Others _____

Medical History:

Check if prone to any of the following conditions:

- Fainting
- Asthma or Respiration Problems
- High Blood Pressure
- Heart Problems
- Others: _____

Does your child have frequent problems (e.g. colds, infections, sores, headaches, diarrhea, upset stomach, etc)?

Yes No

If yes, please explain: _____

Please list your child's allergies and their symptoms (If Epi-pen is required, it **must** accompany the camper ie: bees, wasps, peanuts etc).

How should staff respond to the above symptoms?

Does your child have any other struggles we should be aware of? Please provide details.

Does your child take medication? Please specify – Bring Medication with you.

<u>Type</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Self Medicating</u>
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Does your child have any other special needs that the camp should be aware of? Please explain.

Please specify all unique behavioral traits your child may experience and **how staff should respond to them.** (Ex. Violent reactions, attention seeking, temper tantrums)

What are your child's strengths?

Does your child require a special diet?

Yes

No

If yes, please specify:

Please indicate the level of assistance your child may require with the following:

Eating _____

Drinking _____

Toileting _____

Can your child swim? Yes No

Level?

- Beginners Intermediate Advanced

Is there anything going on in your child's life that we should know?

Is there anything else about your child that you feel we should know? (Ex. Fears, does your child want to come to camp?)

I, the undersigned, declare that the above information is complete and true to my knowledge.

Signature of Parent/Guardian

Date

Photography Agreement

To be completed by a parent or legal guardian.

Name of Camper: _____

Address: _____ Postal Code _____

Birth date: _____

I hereby give permission for photos to be taken of my child listed above to be used in displays, newsletters, etc. promoting FASD camps.

Or

I do **not** give permission for photos to be taken of my child listed above to be used in displays, newsletters, etc. promoting FASD camps.

Signature of Parent/Guardian

Date

Participation Agreement

To be completed by a parent or legal guardian.

Name of Camper: _____

Address: _____ Postal Code _____

Birth date: _____

- ✓ I am aware that due to the nature of the activities involved i.e. swimming, kayaking, nature walks, possible injuries may occur while at camp I release the Lakeland FASD Society, Lakeland FASD Summer Camp, and all representatives of either organization of any and all liability for injuries or accidents at camp.
- ✓ If such injury should occur, I consent and authorize any medical and/ or hospital care deemed necessary.
- ✓ I am aware of the potential risks of my child contracting COVID-19 at a day camp even with proper regulations and guidelines from the Chief Medical Officer of Health Orders.
- ✓ I am aware I must assess my child for COVID-19 symptoms before coming to camp including a body temperature check.
- ✓ I consent and authorize the administration of my child's regular medication (if applicable).
- ✓ I understand that FASD will be discussed openly with all campers, and consent for my child to participate in any discussion or activities related to FASD.

Signature of Parent/Guardian

Date

Medical Release Form

I _____ hereby permit my child
_____ to be administered any of the following
medications by the staff if necessary.

- | | |
|--|--|
| <input type="checkbox"/> Benadryl Allergy Formula
(Children) | <input type="checkbox"/> Regular Strength Ibuprofen
(Advil) |
| <input type="checkbox"/> TUMS (Regular Strength) | <input type="checkbox"/> Children's Tylenol Meltaways |
| <input type="checkbox"/> After-Bite (Children) | <input type="checkbox"/> Calamine Lotion |
| <input type="checkbox"/> Polysporin (Children) | <input type="checkbox"/> Rubbing Alcohol |
| <input type="checkbox"/> Regular Strength
Acetaminophen (Tylenol) | |

I _____ do **NOT** allow my child
_____ to be administered any additional medication while at
camp.

Signature of Parent/Guardian

Date

PLEASE NOTE:

If your child has ANY symptoms of COVID-19 on the day of camp, they will be not able to participate that day. A health assessment and temperature check will occur upon your child's arrival.

Child Pick Up Authorization List

The following person(s) are authorized to pick up my child. No one will be allowed to pick up my child without prior permission in the form of written consent and presentation of identification to camp staff for verification upon arrival.

Name	Phone	Relationship

Parent/Guardian Signature

Date

Vision Statement:

The Lakeland FASD Society is a not for profit organization that operates this summer camp for children diagnosed with FASD to provide positive summer experiences for these children and to provide their families with trustworthy respite.

Health & Safety:

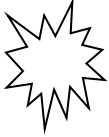
The health and safety of our campers are emphasized at all times at Lakeland Summer Camp. Basic health care is given at the camp and a hospital is only 20 minutes away. We are taking many extra precautions to ensure sanitation is high priority and COVID-19 health guidelines are met during these times.

All campers must have medical coverage.

Included at camp:

All meals while at camp will be based on the Canada Food Guide. There will be lunch and a snack provided at the day camp.

*This is a camp for children diagnosed with FASD and discussion of the challenges associated with this diagnosis will occur at camp.



Campers Check List

Campers will need to bring the following:

- Backpack for their personal items
- Comfortable running shoes
- Reusable Water Bottle
- Sandals
- Swimming suit (or 2)
- Towel
- Sunscreen
- Bug spray
- Medication (if needed during the day)

Do NOT bring to camp:

- Cell Phones
- Portable Video Games
- iPods or iPads
- MP3 players
- Cameras
- Money

** Please label all articles with your camper's name(s) **

Medication

All medication must be labeled with name of child & medication from the drug store.

Help Your Child Prepare

Please ensure your child is aware that they are coming to camp in advance, so they have time to properly transition.

Drop off at Camp: **WEDNESDAY at 10:00 AM**

Pick Up: **SAME DAY at 5:00 PM**