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## Camper Information

<b>Camper Name:</b>	<b>Preferred Name:</b>
<b>Date of birth:</b>	<b>Identifying Gender:</b>
<b>Age as of July 1<sup>st</sup> 2021:</b>	
<b>Home Address:</b>	
Street Address	Apt#
City	Province
	Postal Code
<b>Family Email:</b>	
<b>School/Program:</b>	<b>Grade as of Sept 2021:</b>

## Parent/Guardian Information:

In the case of separation or divorce, please indicate with whom the camper lives and who should be our primary contact.

<b>Parent/ Guardian:</b>	<b>Relationship to camper:</b>		
	Title	Surname	Given Name
<b>Home Phone #:</b>		<b>Cell Phone:</b>	<b>Alt. Phone:</b>
<b>Email :</b>			
<b>Home Address if different from campers:</b>			
	Street Address	Apt #	
	City	Province/State	Postal/Zip Code
			Country

  

<b>Parent/ Guardian:</b>	<b>Relationship to camper:</b>		
	Title	Surname	Given Name
<b>Home Phone #:</b>		<b>Cell Phone:</b>	<b>Alt. Phone:</b>
<b>Email :</b>			
<b>Home Address if different from campers:</b>			
	Street Address	Apt #	
	City	Province/State	Postal/Zip Code
			Country

**Summer Contact:**

Please provide us with a summer phone number if applicable. Please indicate which parent/guardian can be reached at this number.

**If you are not the legal guardian or substitute decision maker for your camper please provide the name of this individual and their contact information:**

Name:
Contact information:

**How did you hear about Camp Concord?** \_\_\_\_\_

**First year campers receive a Concord t-shirt please indicate campers preferred shift size** \_\_\_\_\_

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**Session Preference:**

Please check one

<b>Month Sessions:</b>			
	Session A	June 27 <sup>th</sup> - July 24 <sup>th</sup>	\$5880
<b>2 week Session:</b>			
	Session B	June 27 <sup>th</sup> - July 10 <sup>th</sup>	\$3300
	Session C	July 11 <sup>th</sup> - July 24 <sup>th</sup>	\$3300
<b>1 week Session:</b>			
	Session E	June 27 <sup>th</sup> - July 3 <sup>rd</sup>	\$1940
	Session F	July 4 <sup>th</sup> - July 10 <sup>th</sup>	\$1940
	Session G	July 11 <sup>th</sup> - July 17 <sup>th</sup>	\$1940
	Session H	July 18 <sup>th</sup> - July 24 <sup>th</sup>	\$1940
	Session J	July 25 <sup>th</sup> - Aug 31 <sup>st</sup>	\$1940

- Please note that if you would like a different 4, 3, or 2 week session other than those listed please contact the office

**Acceptance into the program is dependent on upon meeting eligibility criteria and available space.**

**Payment: \* MADE OUT TO CAMP CONCORD \***

At this time due to the uncertainty of our 2021 summer season we are not taking any deposits until we are 100% certain that camp will be occurring.

- Concord accepts cheques, cash or etransfers. All cheques must be made out to **Camp Concord**

Payment plans are available upon request. Please contact the camp office to make arrangements.



**Terms and Conditions:**

I approve my individual's participation in all of the camp's activities, unless I have otherwise advised Camp Concord Inc in writing. I acknowledge that such participation involves risks and hazards incidental thereto. I agree to release and indemnify Camp Concord Inc, Mansfield Outdoor Program and Rawhide Adventures and its officers, directors, employees and agents of all liability arising therefrom, except such as shall arise solely as a consequence of its or their willful negligence or willful default. I grant Camp Concord Inc permission to use any photos taken of my child in their promotional materials.

**Dismissal: THE CAMP DIRECTOR HAS THE DISCRETION TO DISMISS THE CAMPER IN THE EVENT THAT THE CAMPER BREACHES CAMP CODE OF CONDUCT. THIS INCLUDES SELF INJUROUS BEHAVIOURS, VIOLENCE TO OTHERS, INCREASED SUPPORT TO 1:1 MODEL, AND DESTRUCTION OF CAMP PROPERTY. THERE WILL BE NO REFUNDS OF FEES UNDER ANY CIRCUMSTANCES OF DISMISSAL.**

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Signature of Parent/Guardian

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Date

# CAMP CONCORD

## MEDICAL FORM

### Camper Information

<b>Camper Name:</b>		
<b>Date of birth:</b>		
<b>Home Address:</b>		
Street address	Apt #	
City	Province	Postal Code

### Medical Information:

<b>Ontario Health Card (OHIP):</b>		
<b>Other Insurance Coverage:</b>		
If insurance is NOT indicated, any medical expenses for services rendered by a hospital/physician will be billed to you.		Name of carrier
<b>Family Physician:</b>	<b>Phone Number:</b>	
<b>Emergency Contacts</b>		
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
<b>In the case of an emergency please indicate a substitute decision maker for medical purposes:</b>		

### Dietary Requirements

Please list any dietary requirements that your child may have:		
Please describe as necessary:		

### Immunizations:

Please check that the campers immunization are current and provide the date for the following:			
Pertussis	COVID-19	Measles	Tetanus

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### Medications from home:

All medications brought to camp (with the exception of epi-pens and inhalers) will be locked up. Please list any medications that your child currently takes (including dosage and frequency).

Medication	Dosage	Frequency

### Medications at Camp

May the following over-the-counter medications be given to your child while at camp, if deemed necessary by the nurse?

Tylenol:	Advil:
Antacides:	Antihistamines (Benadryl)
Gravol:	Cough and Cold medication:

### Medical Conditions:

Please check off those that apply

Sleep Walking:	Thyroid Disease:
Bedwetting:	Headaches/Migraines:
Heart Problems:	Motion sickness:
Nosebleeds:	Allergies:
Urinary Tract Infections:	Mobility Issues:
PICA:	Choking hazards:
Athletes foot:	Fainting:
Sinus infections:	Skin problems:
Tonsillitis:	Other:_____

If you checked off any of the above, or feel that there is any other information (regarding illnesses, operations, injuries, treatments, physical or emotional conditions, etc.) that would be useful to the camp physician/nurse, please provide details here. (Please attach additional sheets as necessary)

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To the best of my knowledge, \_\_\_\_\_ (camper's name) is in good health, free of communicable disease, and physically able to participate in all camp activities, except as noted above. In case of a medical and/or surgical emergency, I hereby give permission to the physician and/or nurse selected by the Camp Director to secure proper treatment (e.g. medication, hospitalization, injections, transfusions, anesthesia, or surgery as appropriately required) for my child.

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- I certify that the above information is accurate, and that I concur with the statements as described. If there are any changes to my camper's health I will inform the camp.
- I understand that all information will be used to diagnose, treat or maintain my camper's physical or mental health and to assist in preventing disease or injury or to promote health. This information is considered to be confidential and will be shared amongst health care providers as needed; ie: Health Care Coordinator, Camp Nurse, Nurse's Assistant, Camp Physician, Walk in Clinic or Emergency Health Care Providers. This information will only be shared with the Camp Director and Camp staff on a need to know basis to ensure the physical and mental health of my camper.
- In the case of a medical emergency, I understand that every effort will be made to contact parents or guardians. In the event I cannot be reached, I hereby give permission to the physician/nurse selected by the Camp Director to hospitalize, secure proper treatment, order injection, anesthesia or surgery for my camper as named above.

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Signature of Parent/Guardian

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Date



### Camper Information Form

**Please complete the following form. The information gathered from this form will be beneficial to our staff in handling the varying characteristics of our camper, and will enable us to design our program to fit their specific needs.**

1. Please name and describe the area of diagnosed concerns (e.g., Learning disability, autism, etc.). Please include when they were diagnosed. Has your individual had an IPRC? Please feel free to include copies of any reports or assessment that you feel may help us better understand your child?
2. Describe any characteristics and behaviours that stand out for you and other people about your individual.
3. What activities does your individual enjoy doing in their free time?



4. Describe how your individual interacts with others? Do they get along well with peers their own age?
  
5. What are your individual's greatest strengths and most positive characteristics?
  
6. If your individual attends school, how long have they been in their current placement? Have they been to more than one school in the same academic year, if so explain why? Please specify if this is a specialized school or classroom placement?
  
7. Please provide details regarding the specific support your individual is currently receiving in their school or support they received when they were in school.
  
8. Describe with as much detail as possible any behaviour management difficulties that you have with your individual?



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9. Are these behaviours seen both at school and home? How frequently do behavioural issues arise with your individual (e.g., several times a day, several times a week)?
  
  
  
  
  
  
  
  
  
  
10. Describe the strategies that are successful with the behavioural difficulties that your individual exhibits.
  
  
  
  
  
  
  
  
  
  
11. To the best of your knowledge, when do these behaviours arise? (e.g., in new situation, during transitions, not getting their own way, etc.,)?



12. Has your individual ever had to be physically restrained as a result of any behavioural issues? Is yes, please elaborate including when restraint took place.
13. Please describe a recent situation that you have had with your individual. What was it about? How was it resolved? How did your individual handle themselves? This will help better prepare our staff for techniques that are positive and effective with your individual.
14. List any specific triggers that may lead to a negative response by your individual (e.g., sudden loud noises, teasing, transitions, etc.)
15. Have there been any major changes in your individual's life over the past year (e.g., parental separation, move, death in the family)? Please describe.

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16. Is there anything else that you feel we should know about your individual that we have not asked?

17. If your camper has been to another overnight camp, may we contact the camp to discuss strategies that were effective?  Yes  No

Name of camp: \_\_\_\_\_

*Thank you for your application to Camp Concord. Sometimes Camp Concord finds it helpful to have contact with any professionals or other camps that your child has attended. Should this be necessary, your signature at the end of this form gives us permission to share information with these parties. The next step in our process is to meet with you and your child to determine if Camp Concord is the right fit for your child.*

I certify that the above information is accurate, and that I concur with the statements as described.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# CAMP CONCORD

## Activity Information Sheet

<b>Land base sports:</b>	Volleyball _____ Hockey _____ Basketball _____ Soccer _____ Frisbee Golf _____	Badminton _____ Archery _____ Ultimate Frisbee _____ Baseball _____
<b>Land base Activities</b>	Woodcraft _____ Arts and Crafts _____ Climbing Wall _____ Horseback riding _____ Handicraft _____	Drama _____ Camp Newspaper _____ Mountain biking _____ Hiking _____ Tye Dying _____ Earth Education _____
<b>Offsite Activities</b>		Tripping 1 day _____ Tripping 3 day _____
<b>Other:</b>	Food prep. _____ Kitchen Breakout _____ Dishes _____	Vegetable garden _____ Camp maintenance _____ Laundry _____