



Summer Camp for Children with Fetal Alcohol Spectrum Disorder
2010

The camp where children with FASD can be themselves!

| | |
|--|--|
| For Who? | For children 8 to 17 years of age with Fetal Alcohol Spectrum Disorder. |
| When? <i>(Please check which camp your child would like to attend)</i> | <input type="checkbox"/> Camp 1: July 2-6, 2010 <ul style="list-style-type: none"> • Reserved <input type="checkbox"/> Camp 2: July 12-16, 2010 <ul style="list-style-type: none"> • Boys Ages 8 - 10 <input type="checkbox"/> Camp 3: July 19 -23, 2010 <ul style="list-style-type: none"> • Girls Ages 8 - 10 <input type="checkbox"/> Camp 4: July 26 -30, 2010 <ul style="list-style-type: none"> • Boys Ages 11 - 13 <input type="checkbox"/> Camp 5: August 2–6, 2010 <ul style="list-style-type: none"> • Girls Ages 11 - 13 <input type="checkbox"/> Camp 6: August 9-13, 2010 <ul style="list-style-type: none"> • Boys 14 – 17 <input type="checkbox"/> Camp 7: August 16-20, 2010 <ul style="list-style-type: none"> • Girls 14 - 17 |
| Where? | Camp Cooina, Cold Lake, AB |
| How Much? | \$500.00 per child |
| Registration Deadline | Full payment or confirmed payment arrangement must be accompanied with completed application forms. <i>If funding is an issue, please contact the Lakeland Centre for FASD for assistance.</i> |

Return Camp Packages to:

LCFASD

Box 479

Cold Lake, AB T9M 1P1

Fax: 780-594-9907

E-mail: admin@lcfasd.com

Lakeland FASD Summer Camp

Camp Registration - 2010

Camper's Information

| | |
|---|-----------|
| Name: | |
| Mailing Address: | City: |
| Postal Code: | Phone: |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | Birthday: |
| Medical Conditions: | |

Emergency Information:

Primary Contact:

Name: _____ Relationship to camper: _____

Home Phone: _____ Alternate Phone: _____

Will you be away from these numbers during the campers stay: 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: _____

Personal physician: _____

Office Address: _____

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

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 issues we should be aware of? Please provide details.

Does your child take medication? Please specify

| <u>Type</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Self Medicating</u> |
|-------------|---------------|------------------|------------------------|
|-------------|---------------|------------------|------------------------|

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. (Ex. Violent reactions, attention seeking, temper tantrums)

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 _____

Washing/ Bathing _____

Dressing _____

Hair _____

Teeth _____

Toileting _____

Does your child have normal sleeping patterns? Yes No

What time does your child wake and go to bed?

Can your child swim? Yes No

Level?

- Beginners Intermediate Advanced

Is there anything else about your child that you feel we should know?

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/ren 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/ren listed above to be used in displays, newsletters, etc. promoting FASD camps.

Signature of Parent/Guardian

Date

Phone Numbers: (Bus.) _____ (Res.) _____

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, canoeing, horseback riding, 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 consent and authorize the administration of my child’s regular medication (if applicable).

Signature of Parent/Guardian

Date

Phone Numbers: (Bus.) _____

(Res.) _____

Medical Release Form

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

Benadryl Allergy Formula
(Children)

Benylin Cough and Cold
(Children)

TUMS (Regular Strength)

After-Bite (Children)

Polysporin (Children)

Regular Strength
Acetaminophen (Tylenol)

Children's Tylenol Meltaways

Calamine Lotion

Regular Strength Ibuprofen
(Advil)

Rubbing Alcohol

Halls (Cough Suppressant)

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

Signature of Parent/Guardian

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:

Health and safety 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. 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 no candy or pop provided. Housing is provided in a bunk house style with camp leaders staying in the same room. Uses of all recreational activities are included such as field trips, trips to the riding stables, etc.

Cancellation Policy:

With each application there will be a \$50.00 processing fee which is non-refundable.

Fee Information

For Parents:

The local Child & Family Services department has a program called: Family Supports for Children with Disabilities (FSCD) which may assist you in covering the costs to attend camp. This applies to families who live on reserve also.

Contact within the Lakeland

Angie Pinder

St.Paul, Lac La Biche-(780) 645-6370

Theresa Ouellette

Cold Lake, Bonnyville- (780) 826-3324

For contact info outside the Lakeland call your local CFSA office.

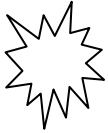
For Foster Parents:

The Alberta Foster Parent Association & Alberta Children Services announced the following rate increases for a foster parent, effective April 1, 2007

- A \$100 per year increase to the recreation allowance for all children in care, which brings the allowance up to \$625 per year for children up to the age 11 and \$725 per year for children between the ages of 12-17
- A \$100 per year increase to vacation/camp allowance for all children in care. The vacation/camp allowance is now \$425 per year for all children in care.

Other Options:

It is the Lakeland Centre for FASD's goal for your child to attend camp. If finances are an issue please talk to us about this as we have some private options for rare situations. We do not want funding to be a barrier to your child's participation.



Campers Check List

Campers will need to bring the following:

- Pillow
- Sleeping bag
- Tooth brush
- Tooth paste
- Hair brush
- 6 underpants
- 6 pairs of socks
- 3 pairs of pants
- 3 shorts
- 6 T-shirts
- 1-2 Sweat shirts/ sweaters
- Comfortable running shoes
- Rubber boots
- Swimming suit (or 2)
- Towel
- Soap
- Pajamas
- Flashlight

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

Drop off at Camp at 1:00 pm

Pick Up: 7:00 - 8:00 PM

**NOTE
NEW
PICK UP
TIME**

Do NOT bring to camp:

- Game boys or similar items
- Walkman's
- MP3 players
- Cameras
- Money

Medication

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

Camp Dates

- Camp 1: July 2-6, 2010
 - Reserved
- Camp 2: July 12-16, 2010
 - Boys Ages 8 - 10
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