

# CAMP MUSKOKA

## Rules & Regulations

1. FUN Students must have fun at all times!
2. Respect Students must show respect for each other, the staff, their surroundings, the property and most importantly themselves.
3. Students must obey all staff's directions.
4. All medications\* shall be deposited with your child's teacher so that they may be locked in the camp medical cabinet dispensed to your child as prescribed.  
\* Epipens and puffers can be carried by the student in a waist pouch (please see Student Health Form).
5. Drugs, cigarettes, alcohol, matches, lighters and knives are prohibited at camp. Any student found in possession of such objects will be sent home without a refund.
6. Violence Camp Muskoka has a **ZERO TOLERANCE** policy. Any student causing or intending to cause harm to any other student, animal or staff member will be sent home without refund.

### Conditions of Enrollment:

1. The Camp Director reserves the right to dismiss a student who in his opinion is a hazard to the safety of others, or who appears to have rejected the reasonable controls of the camp. The parent/guardian certifies that the above named student is normal in condition and habits and responsive to necessary discipline. Failure to disclose problems at time of application may result in dismissal. 2. The parents/guardians submitting this application are those having legal custody over the child. 3. I, the parent or guardian of the above named participant release Camp Muskoka, its directors, corporation members, staff and agents, the school and/or board of education which has organized the excursion, its directors, staff and agents from any loss, personal injury, accident, misfortune or damage to the above named or his/her property with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named student. Each student must be covered by Ontario Health Insurance or equivalent insurance. 4. The signature of the parent/guardian on this application gives the Camp Director the right to arrange for any special services or other requirements necessary for the best interest of the student and shall give the Camp Director the right to approve and obtain medical attention necessary for the student's welfare and good health including ordering injection, anaesthesia or surgery. In such a situation the camp will attempt to notify the parents as soon as possible. The parents/guardians are responsible for any additional expenses that may result from such services. 5. We agree to permit the reasonable use of photographs and videos or other pictures of the above named student in promoting the camp or camp activities and programs. 6. Refund policy: No refund will be made for dismissals due to disciplinary action, late arrivals or early departures. Withdrawal during camp on physicians order - one half of fee for unexpired term will be refunded. 7. Student's Personal Property: Camp Muskoka is not responsible for lost, stolen or damaged property. 8. Medical Updates - It is the responsibility of the Parent/Guardian to notify Camp Muskoka in writing if any information on this health certificate should change between the time of registration and the time of arrival to camp (i.e. exposure to any communicable disease, etc.). 9. I have read this complete application and I accept the conditions of enrollment. If there are any conditions that you do not agree to please completely cross them out with black ink, initial and provide a brief explanation on an attached sheet.

I have read and hereby agree with the above stated rules, regulations, conditions and policies:

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_



# CAMP MUSKOKA

## OUTDOOR EDUCATION CENTRE

1745 FRASERBURG ROAD • RR 5 • BRACEBRIDGE • ONTARIO • P1L 1X3



## REGISTRATION FORM

ONE STUDENT PER FORM

Student's Name: \_\_\_\_\_ Male  Female

Date of Birth:   D     M     Y   Age at Camp: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail: \_\_\_\_\_

Ontario Health Card Number.: \_\_\_\_\_

Other Ins.-Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name of school : \_\_\_\_\_ Grade : \_\_\_\_\_

1st Parent/Guardian Name: \_\_\_\_\_

Home Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Other Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

2nd Parent/Guardian Name: \_\_\_\_\_

Home Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Other Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

Please name an alternative person that we may contact in case of an emergency:

Name: \_\_\_\_\_ Relationship with student: \_\_\_\_\_

Home Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Other Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

# STUDENT HEALTH CERTIFICATE

The information in this section will be kept confidential by the Camp Muskoka staff. It is requested only for the purpose of providing the proper care to your child. The more we know about your child the better we will be able to offer them the appropriate care. If any additional information would be helpful to staff please feel free to attach additional pages.

Physician's Name: \_\_\_\_\_ Physician's Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Does the student have any physical or emotional needs? YES NO

Please Describe: \_\_\_\_\_

\_\_\_\_\_

Has the student had any operations, illness or injury within the last 12 months? YES NO

Please give details: \_\_\_\_\_

\_\_\_\_\_

Will the student be bringing any medications to camp? YES NO

Please give details: \_\_\_\_\_

\_\_\_\_\_

If there are any injections, special medications or treatments to be given at camp, explain when and how they are to be administered. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Such medications must be brought to camp by the student and kept in the infirmary for safety reasons. If it is necessary for your child to carry their medication with them (i.e . Epipen, Ventolin/puffers) please provide a waist pouch so that they may do so.

Is there any information that may be useful to the Camp Muskoka staff or an emergency physician? (please attach a separate sheet) YES NO

Are there custodial rights that we should know about regarding your child? \_\_\_\_\_

\_\_\_\_\_

Special Dietary Needs. Please check all that apply

- Vegetarian     
  Lactose Intolerant     
  No Pork     
  No Beef  
 Peanut Allergy     
  Tree Nut Allergy     
  Shell Fish Allergy     
  Gluten Allergy  
 Other Food Allergies — Please List: \_\_\_\_\_

Is the student allergic to:

	Yes	No	Please give details
Bees	<input type="checkbox"/>	<input type="checkbox"/>	_____
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	_____
Animals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Is the student immunized against:

	Yes	No	Year of booster		Yes	No	Year of booster
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	_____	Red Measles	<input type="checkbox"/>	<input type="checkbox"/>	_____
German Measles	<input type="checkbox"/>	<input type="checkbox"/>	_____				

## MEDICAL DIRECTIVES

The management will administer or authorize staff to administer the following medications without parental notification, if necessary for your child's welfare and good health.

Should you the parent/guardian oppose any of the following medications please clearly cross them off of the list and provide us with a brief explanation below.

<i>Medication</i>	<i>Administered for:</i>
Calamine Lotion	Itching due to insect bites, minor skin irritations, poison ivy / oak
Benadryl	Hay fever, allergic reactions
Tylenol/Acetaminophen	Headache, toothache, menstrual pain, fever, earache
Advil/Ibuprofen	Headache, toothache, menstrual pain, fever, earache
Gravol	Travel sickness, nausea, vomiting
Pepto-Bismol	Heartburn, indigestion, upset stomach, nausea, diarrhea
Sun Screen	Broad-spectrum protection (Parents need to send a full supply)
Hydrogen Peroxide	Mild sterilizing agent for cuts and scrapes
Betadine	Mild sterilizing agent for cuts and scrapes
Latex Gloves	Barrier device used by First-aid personnel when dealing with situations
Alcohol Swabs	Sterilizing agent for cleaning cuts and scrapes
Polysporin Plus	Pain relief from minor burns, cuts and scrapes
Afterbite	Fast relief from insect bites and stings
Insect Repellent	To ward off insects

Explanation: \_\_\_\_\_