



CHILD'S NAME: _____

Camp Stepping Stones Camper Application

Please read Camp Application Information Letter prior to application completion

Criteria for Attending Camp Stepping Stones

- Must be between the ages of 7 and 17 years, live in Manitoba and have experienced a recent significant death
- Priority will be given to those that reside within the Interlake Eastern Regional Health Authority
- Must not have a history of, or demonstrate any physical, emotional or verbal behavior that could endanger themselves or others
- **Parent/Legal guardian** must complete and return the application prior to the deadline date (see camp application information letter)

At the discretion of the Camp Stepping Stones (CSS) Committee, 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 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
100 Easton Drive, Selkirk MB. R1A 1C9 or
Fax to 204.785.7747**

CAMPER INFORMATION

Camper's Name: _____
Last First Middle

Preferred name: _____ T-Shirt Size: ADULT: S M L XL XXL
CHILD: S M L

Home Mailing Address: _____

City/Town: _____ Postal Code: _____

Age: ____ Date of Birth: _____ MHSC: _____ PHIN: _____

Gender: Male Female Transgender non-binary/non-conforming

Parents/Guardians Name/s: _____

CHILD'S NAME: _____

Daytime Phone # _____ Evening Phone # _____

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

Siblings:

Name	Age
_____	_____
_____	_____
_____	_____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship to child _____

Home phone # _____ Cell/Alternate # _____

Name _____ Relationship to child _____

Home phone # _____ Cell/Alternate # _____

CUSTODY ARRANGEMENTS

Child lives with; 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: _____

PERMISSION TO ATTEND

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)/Youth 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

Primary Care Provider _____ Phone Number _____

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

Please complete the following: (Incomplete forms may result in our inability to consider your child for camp this year)

Does your child have any of the following? (If yes, please provide further explanation)

1. Allergies Yes No - include all and explain reactions:

2. 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, SEE PAGE 4 FOR REQUIREMENTS TO PROVIDE MEDICATIONS

If medication is required, it is your responsibility to have your child's physician/healthcare professional complete the attached Authorized Prescriber form. (page 8 of the application form)

All prescribed medication must be sent in the **ORIGINAL PRESCRIPTION BOTTLE** (please send sufficient medication for the weekend) if bottle label/s are not legible **MEDICATION 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). Questions with an asterisk (*) are required fields.

3. Special Diet Yes No

Explain: _____

4. Asthma Yes No

Explain: _____

5. Convulsions/Seizures Yes No

Explain: _____

6. Diabetes Yes No

Explain: _____

7. Ear Infections Yes No

Explain: _____

8. Nose Bleeds Yes No

Explain: _____

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

Explain: _____

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

Explain: _____

11. Eating Disorders Yes No

Explain: _____

12. Difficulty getting along with others Yes No

Explain: _____

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

Explain: _____

14. * Behaviors that require one on one support/attention Yes No

Explain: _____

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

Explain: _____

16. Physical Limitations Yes No

Explain: _____

17. Motion Sickness Yes No

Explain: _____

18. Hearing Impairment Yes No

Explain: _____

19. Glasses/Contacts Yes No

Explain: _____

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

Has your child ever attended any camp in the past? Yes No
If yes, when and where:

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 this death anticipated or unexpected? _____

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?

11. Please explain how the child shows that he/she is grieving _____

12. Has the child received any professional support for grief (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: _____

Authorized Prescriber Information Form

Child'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.

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 204.785.7747

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

Medication	Dose	Frequency

Physician/Healthcare Professional 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
Child 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.

Child'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

Child'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

Child's 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 including medical transport in the event of an emergency. I understand I am responsible for costs associated with medical emergency transport. 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: _____

Name of person completing the application

Please send the completed application to:

campsteppingstones@ierha.ca or **Camp Stepping Stones**
c/o Interlake-Eastern Regional Health Authority
100 Easton Drive, Selkirk MB. R1A 1C9 or
Fax to 204.785.7747