



Does camper have:

Asthma ___ Hay fever ___ Inhaler ___ EpiPen

Should camper carry inhaler or epiPen for emergency use? Yes ___ No

Is there any reason why camper cannot participate in all camp activities?

If so, list any restrictions. _____

Are any medications to be given at camp? Yes ___ No

List prescription medication as well as any other medications the parent requires given at camp if needed (such as Benadryl, Gravol, Tylenol). Parents must discuss these medications with the Camp Director and the Camp Health Care Provider on child's arrival at camp.

Name of medication _____

Times to be taken / special instructions _____

Name of medication _____

Times to be taken / special instructions _____

All medications must be given to the Director/Health Care Provider.

Exceptions: 1. EpiPen 2. Inhalers needed for emergency use.

1. Send medication in a pharmacy container with name of camper, medication and dosage information clearly visible.
2. EpiPens and inhalers for emergency use should be carried in a fanny pack. (Two epiPens may be necessary with severe allergies due to distance from camp to hospital.)

To the best of my knowledge, my child is in good health. I will notify the camp if my child is exposed to an infectious disease during the three weeks prior to arriving at camp. The Health Care provider has my permission to administer the medications listed on the Health Care Form. In case of an emergency, I understand that every effort will be made to contact me (or contact person). In the event that I cannot be reached, I hereby give my permission to the physician selected by the Camp Director and the Health Care Provider to hospitalize, secure proper treatment, to order injection, anaesthetic, or approve surgery for my child.

Parent's Signature: _____

Camp Number: _____ Camp Date: _____

Please indicate if you wish to receive a call from the Health Care Provider prior to arrival at camp to discuss any health and/or other confidential concerns: Yes ___ No ___

Please note that all information on this form will remain confidential.



**LOON BAY UNITED CHURCH
CAMPING CENTRE
YOUTH CAMPS 2017**

Theme: “LOVE YOUR # SELFIE”

Our mission is to provide through the ministry of camping, with God’s help, an experience of Christian community learning for all people, shown in an outdoor setting as part of the fabric of education, outreach, and evangelism of The United Church of Canada.

The Camp Board endeavours to make the camp experience available to as many children as possible. **We accept all denominations.** Campers who wish to attend more than one camp should indicate first and second choice. Please place an **X** next to the camp you wish to attend.

(Appropriate camp should be based on camper’s age by Dec. 31, 2017.)



- Camp I Junior (7-9) July 2 - 6
- Camp II Intermediate (10-12) July 9 - 13
- Camp III Teen (13-16) July 16 - 20
- Camp IV Junior (7-9) July 23 - 27
- Camp V Intermediate (10-12) July 30 - August 3
- Camp VI Teen (13-16) August 6 - 10

Name _____

Male _____ Female _____ Age ____

Have you attended Loon Bay Camp before? Yes ____ No

Home Church _____

Campers are placed in small groups for some activities and chores. Campers may choose one person that (s)he would like to be in a group with (make sure campers name each other). We may not be able to accommodate all requests.

Name _____

Registration Fee is \$150 per camper due upon receipt of application. **NO REFUND** for a camper cancelling less than two (2) weeks before the start of their program or leaving camp early, including missing home. In case of illness or injury occurring at camp, a prorated credit for the following season will be given with proof of a Doctor’s Note or due to death in family. **NO REFUND** or reduction of fees for campers arriving late or leaving early. Receipts for Income Tax purposes will be provided. **Cheque or money order** to be made to Loon Bay United Church Camp and mailed with this application / completed Health Form to: Phyllis Luff, P.O. Box 1623, Lewisporte NL A0G 3A0.

***Applications accepted based on postmarked date.**

EMAILED OR PHONED APPLICATIONS ARE NOT ACCEPTED!

However, applications delivered by hand to the Loon Bay United Church Youth Camp from June 12 - August 3 WILL BE ACCEPTED.
Inquiries pertaining to mailed applications should be directed to the volunteer registrar's voicemail at 535-8231. The registrar will get back to you.
Please respect the privacy of our volunteer registrar and refrain from calling him/her at home.
Inquiries pertaining to hand delivered applications contact Catherine Lewis at 261-2260 on or after June 12.

No child will be accepted for camp without all portions of the Application and the Health Form being completed.

Registration time is between **2-3 p.m.** on Sunday of the first day of each camp. Pick-up time is **2-3 p.m.** on Thursday of each camp.

***Please Note: Parents will not receive a phone call prior to camp unless their child is not accepted or more information is required.**

If requesting financial assistance, please contact Gary Ross at 535-2990 for details.

Please view the Loon Bay United Church Camp Facebook page and the Loon Bay United Church Camp webpage at www.loonbaycamp.ca for information on upcoming youth camps or previous and current activities.

Each camper is responsible for the following personal items:

- sleeping bag/pillow/flashlight/notebook/pen/water bottle
- sunscreen/sunglasses/fly repellent/camp chair (optional)
- swimwear/ rainwear/rain boots/cap or hat
- changes of clothing
- towels/face cloths/toiletries



Camp activities are varied for different age groups.

Traditionally each camp has both a Talent Show and a items needed for these events.

Social Night. Please feel free to bring

Canteen services will be available to campers. Your child will require canteen money.

Snacks are provided for all campers in the afternoons.

*****Please do not bring snack foods / cell phones / electronics to camp.**

***Volunteers:**

Please contact us at the above numbers if you are interested in a Summer Camp Volunteer position.

Please note that Health Care at the camp will be provided by a trained first-aider unless a volunteer nurse is available.

Photos taken at camp may be used for promotional purposes. Please sign below if you give permission for your child's photo to be used in this way.

Signature of parent/guardian Date

CAMPER HEALTH RECORD FOR LOON BAY UNITED CHURCH CAMPING CENTRE

Camper Name _____ Male ___ Female

Date of Birth _____ MCP # _____

Address _____

Email Address _____

Home # _____ Cell # _____ Work # _____

Names of Parents/Guardians _____

Family Doctor _____ Phone # _____

We make every effort to accommodate campers with medical problems or disabilities. It is important for us to be aware of these to ensure the comfort and safety of your child. Use separate sheet if necessary. Check any conditions that may be useful for our camp staff to know:

Bed wetting ___ Poor appetite ___ Fear of dark ___

Sleep walking ___ Other (please describe) _____

Are camper's immunizations up-to-date? Yes ___ No _____

Does camper have any allergies? Yes ___ No ___

Please specify allergy and type of reaction. _____

