



Summer Camp for Children with Fetal Alcohol Spectrum
Disorder 2024

The camp where children with FASD can be themselves!

For Who?	For children 7 to 17 years of age with Fetal Alcohol Spectrum Disorder.
When?	Overnight Camps run MONDAY 1pm to FRIDAY 1pm.
(Please check which camp your child would like to attend)	<p>Camp 1: July 1 - 5, 2024</p> <ul style="list-style-type: none"> • Girls Ages 7 - 10 <p>Camp 2: July 8 - 12, 2024</p> <ul style="list-style-type: none"> • Boys Ages 7 - 10 <p>Camp 3: July 15 - 19, 2024</p> <ul style="list-style-type: none"> • Girls Ages 11 – 13 <p>Camp 4: July 22 - 26, 2024</p> <ul style="list-style-type: none"> • Boys Ages 11 – 13 <p>Camp 5: August 5 - 9, 2024</p> <ul style="list-style-type: none"> • Girls Ages 14 – 17 <p>Camp 6: August 12 – 16, 2024</p> <ul style="list-style-type: none"> • Boys Ages 14 - 17
Where?	French Bay Provincial Park-63218-RGR 411 #1, 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 - 2024

Camper's Information

Name:	
Mailing Address:	City:
Postal Code:	Phone:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Birthday:
Medical Conditions:	
Origin: <input type="checkbox"/> Metis/Inuit/First Nation (Name _____) <input type="checkbox"/> Caucasian <input type="checkbox"/> Other	

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) _____

Alberta Health Care Number: _____

Social Worker (if applicable): _____

Telephone: (Bus.) _____ (Cell) _____

Specific Information:

Child's Diagnosis: _____

What are your child's secondary disabilities? (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Sensory issues | <input type="checkbox"/> Other mental Health | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Fine Motor Difficulties | <input type="checkbox"/> Medical Issues | <input type="checkbox"/> Academic Deficits |
| <input type="checkbox"/> Visual Perceptual Motor | <input type="checkbox"/> Abstract Reasoning | <input type="checkbox"/> Memory Disorder |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Receptive Language | <input type="checkbox"/> Articulation Difficulties |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Expressive Language | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Social Language | |
| <input type="checkbox"/> ADD | <input type="checkbox"/> Cognitive Deficits | |
| <input type="checkbox"/> ODD | <input type="checkbox"/> Slow Processing | |
| <input type="checkbox"/> Conduct Disorder | <input type="checkbox"/> Developmental Disability | |

Medical History

Check if prone to any of the following conditions:

- | | | |
|---|---|--|
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Asthma or Respiration Problems | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> 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 – Bring Medication with you.

<u>Type</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Self Medicating</u>
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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 and **how staff should respond to them.** (Ex. Violent reactions, attention seeking, temper tantrums)

What are your child's strengths?

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 times does your child wake and go to bed?

Can your child swim? Yes No

Level?

☐ Beginners

☐ Intermediate

☐ Advanced

Is there anything going on in your child's life that we should know?

Is there anything else about your child that you feel we should know? (Ex. Fears, does your child want to come to camp?)

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).
- ✓ I understand that FASD will be discussed openly with all campers, and consent for my child to participate in any discussion or activities related to FASD.

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)

☐ Gravol Children Quick Dissolve
Chewables

☐ Melatonin

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

Signature of Parent/Guardian

Date

Child Pick Up Authorization List

The following person(s) are authorized to pick up my child. No one will be allowed to pick up my child without prior permission in the form of written consent and presentation of identification to camp staff for verification upon arrival.

Name	Phone	Relationship

Parent/Guardian Signature

Date

T-shirt Size:

All campers are provided with a camp T-shirt that they decorate with paint. Please select whatever size T-shirt your child wears so that we can ensure there are enough shirts of each size:

- ☐ Youth Small
- ☐ Youth Medium
- ☐ Youth Large
- ☐ Youth X-Large
- ☐ Small
- ☐ Medium
- ☐ Large
- ☐ X-Large

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.

*This is a camp for children diagnosed with FASD and discussion of the challenges associated with this diagnosis will occur at camp.

Cancellation Policy:

With each application cancellation, there will be a \$50.00 processing fee withheld from refund.

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.

FSCD funding contact within the Lakeland:

St. Paul/ Lac La Biche: (780)645-6417

Cold Lake/Bonnyville: (780)815-4064

For Foster Parents:

As of January 1, 2016, the available rates they now are:

Recreation Allowance for children in care:

- \$675 for children up to and including age 11

- \$775 ages for children aged 12 up to and including age 17

Vacation/Camp Allowance for children in care:

- \$500 per year

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.

What is your payment option? (Please list all contributors):



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
- ☐ Sandals
- ☐ Swimming suit (or 2)
- ☐ Towel
- ☐ Soap
- ☐ Pajamas
- ☐ Photo ID (if 16 or over)

Do NOT bring to camp:

- IPads/Electronics
- Cell Phones
- Cameras
- Money
- Valuables

Medication

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

Please ensure your child is aware that they are coming to camp in advance, so they have time to properly transition.

Camp Dates

- ☐ Camp 1: July 1- 5, 2024
Girls Ages 7 - 10
- ☐ Camp 2: July 8 - 12, 2024
Boys Ages 7 - 10
- ☐ Camp 3: July 15 - 19, 2024
Girls Ages 11 – 13
- ☐ Camp 4: July 22 - 26, 2024
Boys Ages 11 – 13
- ☐ Camp 5: August 5 - 9, 2024
Girls Ages 14 – 17
- ☐ Camp 6: August 12 - 16, 2024
Boys Ages 14 - 17

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

Drop off at Camp: MONDAY at 1:00 pm

Pick Up: FRIDAY at 1:00 PM

**NOTE
DROP OFF/
PICK UP
TIME**