



Summer Camp for Children with Fetal Alcohol Spectrum Disorder 2026

*The camp where children with FASD can be themselves!*

<b>For Who?</b>	<b>For children 7 to 17 years of age with Fetal Alcohol Spectrum Disorder.</b>
<b>When?</b>	Overnight Camps run <b>MONDAY 1pm to FRIDAY 1pm.</b>
<b>(Please check which camp your child would like to attend)</b>	<p><b>Camp 1: June 29 - July 3, 2026</b></p> <ul style="list-style-type: none"> <li>• Girls Ages 7 - 10</li> </ul> <p><b>Camp 2: July 6 - 10, 2026</b></p> <ul style="list-style-type: none"> <li>• Boys Ages 7 - 10</li> </ul> <p><b>Camp 3: July 13 - 17, 2026</b></p> <ul style="list-style-type: none"> <li>• Girls Ages 11 – 13</li> </ul> <p><b>Camp 4: July 20 - 24, 2026</b></p> <ul style="list-style-type: none"> <li>• Boys Ages 11 – 13</li> </ul> <p><b>Camp 5: August 3 - 7, 2026</b></p> <ul style="list-style-type: none"> <li>• Girls Ages 14 – 17</li> </ul> <p><b>Camp 6: August 10 – 14, 2026</b></p> <ul style="list-style-type: none"> <li>• Boys Ages 14 - 17</li> </ul>
<b>Where?</b>	French Bay Provincial Park-63218-RGR 411 #1, Cold Lake, AB
<b>How Much?</b>	\$500.00 per child
<b>Registration Deadline</b>	Full payment or confirmed payment arrangement must be accompanied with completed application forms. <b><i>If funding is an issue, please contact the Lakeland Centre for FASD for assistance.</i></b>

Return Camp Packages to:

LCFASD

Box 479

Cold Lake, AB T9M 1P1

Fax: 780-594-9907

E-mail: [admin@lcfasd.com](mailto:admin@lcfasd.com)

# Lakeland FASD Summer Camp

Camp Registration - 2026

## 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)

- 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).

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How should staff respond to the above symptoms?

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Does your child have any issues we should be aware of? Please provide details.

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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.

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Please specify all unique behavioral traits your child may experience and **how staff should respond to them.** (Ex. Violent reactions, attention seeking, temper tantrums)

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What are your child's strengths?

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Does your child require a special diet? Yes No

If yes, please specify:

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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?

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# 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.

- |  |  |
|--|--|
| <input type="checkbox"/> Benadryl Allergy Formula<br>(Children)      | <input type="checkbox"/> Calamine Lotion                             |
| <input type="checkbox"/> Benylin Cough and Cold<br>(Children)        | <input type="checkbox"/> Regular Strength Ibuprofen<br>(Advil)       |
| <input type="checkbox"/> TUMS (Regular Strength)                     | <input type="checkbox"/> Rubbing Alcohol                             |
| <input type="checkbox"/> After-Bite (Children)                       | <input type="checkbox"/> Halls (Cough Suppressant)                   |
| <input type="checkbox"/> Polysporin (Children)                       | <input type="checkbox"/> Gravol Children Quick Dissolve<br>Chewables |
| <input type="checkbox"/> Regular Strength<br>Acetaminophen (Tylenol) | <input type="checkbox"/> Melatonin                                   |
| <input type="checkbox"/> Children's Tylenol Meltaways                |  |

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):

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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: June 29- July 3, 2026  
Girls Ages 7 - 10
- Camp 2: July 6 - 10, 2026  
Boys Ages 7 - 10
- Camp 3: July 13 - 17, 2026  
Girls Ages 11 - 13
- Camp 4: July 20 - 24, 2026  
Boys Ages 11 - 13
- Camp 5: August 3 - 7, 2026  
Girls Ages 14 - 17
- Camp 6: August 10 - 14, 2026  
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**