



# Camper Application

TO BE RETURNED BY JULY 1st

Camper's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F

Name of Parent/Guardian \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**T-Shirt: Child Size - Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_**

**Adult Size - Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_**

If there is an emergency at camp and we are unable to reach you immediately.

Please give us the names and phone numbers of two other people who we can

contact: (This information is necessary. Your child will not be allowed to

Attend **Atlantic Burn Camp** unless this information is complete).

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Do you have a family physician? If so, please provide the doctor's name and telephone number:

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Has your child been recently exposed to any communicable diseases? If yes, please specify which diseases and when he/she was exposed: \_\_\_\_\_

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Please list any allergies or chronic illnesses your child has: \_\_\_\_\_

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Does your child take any medications? If so, please tell us what the medications are, when your child takes the medication, and what the dosage is:

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**IMPORTANT:** Please send any medications for your child in a plastic "baggie" with his/her name on the outside of the bag. Do not pack medications inside the camper's luggage. All medications will be collected when the children arrive and will be administered by the camp nurse. This is to prevent any of the campers from misplacing or breaking their medication, or taking them incorrectly. No exceptions will be allowed unless pre-arranged with the camp nurse.

Does your child ever wet the bed? \_\_\_Y \_\_\_N (We ask this so we will be prepared to deal with the situation quickly, confidentially and with respect for the child's feelings).

Does your child have any physical or mental limitations? \_\_\_Y \_\_\_N please include any condition, no matter how insignificant you may think it is. If your child does have limitations, please let us know how we can best accommodate his/her special needs: \_\_\_\_\_

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Does your child have any particular fears or nervous habits that we should be aware of? If yes, what are they? \_\_\_\_\_

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Please list any other problems that we should know about or any activities in which you do not wish your child to participate: \_\_\_\_\_

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Does your child use a wheelchair? \_\_\_\_\_

Date of camper's burn-injury: \_\_\_\_\_

Percentage and areas of body burned: \_\_\_\_\_

Does your child wear pressure garments? \_\_\_\_\_ If so, please list which pieces will be worn at camp: \_\_\_\_\_

NOTE: Please label inside your child's garments with a permanent marker. We want each child to return home with all his/her own garments!

Will your child be wearing dressings?\_\_\_\_\_ If they are, please send enough dressing supplies to last six days. There will be burn unit staff on duty to help with dressing changes, but you must send the supplies.

I certify that I am the legal parent/guardian of this child, and that all of the information given on this application is correct and true. I also understand that while my child attends Atlantic Burn Camp, I am responsible for letting the **ATLANTIC BURN CAMP** know how to reach me in an emergency. If there is an emergency, or if it becomes necessary for my child to be removed from camp because of ongoing unacceptable behavior, and I, or any of the other emergency contacts I listed cannot be reached within 24 hours, the **ATLANTIC BURN CAMP** may call Children's Aid.

Name of Parent/Guardian: \_\_\_\_\_

PRINT

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: Please return this form to the address below.

**ATLANTIC BURN CAMP**  
P. O. BOX 1432, STATION "A"  
SYDNEY, NOVA SCOTIA B1P - 6R7  
PHONE (902) 562-4156 FAX (902) 562-4186  
Email: [cb.burncare@ns.sympatico.ca](mailto:cb.burncare@ns.sympatico.ca)  
Web Site: [www.cfburncare.ca](http://www.cfburncare.ca)