



Presbyterian and United Summer Camp

Camp Duncan 2023

July 9-15

Summer Season, 2023

This year the Presbyterian and United Churches have joined together to present Camp Duncan! Join us for a week of fun & learning in nature. We invite you to bring a friend along for the adventure. We are looking forward to seeing old friends and making new ones this summer at Camp Duncan!

Details

Camp Duncan is for campers entering Grade 3 to 8 this fall. Camp Duncan is located on Loon Lake, east of Thunder Bay.

A map with directions to the camp will be mailed with the confirmation letters after June 15th. Please fill out all the information on the registration form and the health form. Completed health forms must be sent back with the registration in order for us to be able to plan ahead regarding certain health issues.

To help with the planning of Camp Duncan please try to submit your form or indicate your interest in camp by June 15th.

Fees

First Camper	\$200
Second Camper (same family)	\$170
Third or more (same family)	\$150

Fine Print

A non-refundable fee of \$20.00 per camper should accompany the registration form (see registration form). The camp operates on a first come, first-served registration basis. Campers will be grouped in cabins according to age and gender. Younger campers will not necessarily be able to bunk with older siblings or friends. We encourage campers to bring a friend to share the week with them.

Looking forward to seeing you at camp,

Camp Duncan Committee

THIS IS YOUR COPY – DO NOT SEND BACK WITH REGISTRATION

What you need to send back:

- \$20 deposit per camper
- Registration Form
- Health Form and Photo Release

Lakeview Presbyterian Church 278 Camelot Street Thunder Bay, Ontario P7A 4B4
Phone (807) 345-8823



Presbyterian and United Summer Camp

Summer Camp Registration Form 2023

<p>First Name _____ Last Name _____</p> <p>Date of Birth ____/____/____ <small>MONTH DAY YEAR</small> Gender: m____ f____</p> <p>Grade (going into) _____</p> <p>Name of sibling(s) attending Camp: _____</p> <p>Address (if different than parents' below): _____</p> <p>_____</p>	<p>For office use only:</p> <p>\$20 dep. Pd. <input type="checkbox"/></p> <p>Health Form <input type="checkbox"/></p> <p>Reg. #: _____</p> <p>Sib. Reg. #: _____</p>
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Name of Parents/Guardians _____	
Phone # (home) _____	(work) _____
Address _____	(cell) _____
E-mail _____	City _____ Postal Code _____
Church you attend _____	
Check, if financial assistance is needed <input type="checkbox"/>	
<p>Please return this application, together with a \$20 deposit per camper (cheque payable to "Presbytery of Superior Summer Camps") and the completed/signed Health Form to:</p> <p>Lakeview Presbyterian Church Re: Summer Camp 278 Camelot Street, Thunder Bay, ON, P7A 4B4</p>	



Presbyterian and United Summer Camp

Camper Health Form 2023

First Name _____ Last Name _____

Address _____ City _____ Province _____

Postal Code _____ Church you attend _____

Grade (going into) _____ Date of Birth ____/____/____ Age _____ Gender _____

Name of Parent/Guardian _____

Parent's/Guardian's Phone Number _____ Work Phone _____

Cell Phone _____

In case of illness or accident, parents/guardians will be notified. If not available, list two other possible contacts:

Contact 1 _____ Phone _____

Contact 2 _____ Phone _____

Family Doctor's Name _____ Phone _____

Health Card Number: _____

Camp Duncan Consent Form

I, _____, parent/guardian of _____
(Please print) (Please print name of camper)

do consent to the release of medical information by the camp nurse to appropriate individuals (camp director, camp counselors, ambulance personnel, Emergency Room personnel) as deemed necessary (on a need-to-know basis).

I also consent to let the camp nurse administer first aid for minor ailments as necessary and/or refer the above camper to a hospital emergency. All attempts will be made to notify the parent at the earliest possible time if transport to the hospital is necessary.

All medications must be in their original containers from the pharmacy and not expired.

I also consent to the camp nurse and/or counselor administering the following medications/treatments as required to the above camper. (Please put a check mark beside those medications that you want your camper to be able to receive).

Afterbite	_____
Calamine Lotion	_____
Antiemetic (e.g. Gravol)	_____
Anti-diarrheal (e.g. Kaopectate)	_____
Antibiotic ointment (e.g. Polysporin)	_____
Analgesic (e.g. Tylenol)	_____
Zinc Oxide Ointment	_____
Antihistamine (e.g. Benadryl)	_____
Wound Care (e.g. Normal Saline)	_____
COVID-19 Rapid Test	_____

Signature of Parent/Guardian

Signature of Witness

Camper's Name: _____

MEDICAL INFORMATION

Is your camper subject to:

A) ALLERGIES:

Is your camper allergic to any drugs, food, animals, plants or insect stings? If yes, complete the following chart.

Substance Causing Allergy	Type of Reaction	Usual Medication/Treatment

Does your camper carry Medic Alert I.D. at all times? If yes, state the type of I.D.

If your camper carries a medipen/epipen please send an unexpired medipen/epipen with your camper.

Camper's Name: _____

B) 1. ILLNESS CONDITIONS

Is your camper subject to any of the following illnesses/conditions? Check the appropriate one.

- | | | |
|--|-------------------------------------|------------------------------|
| _____ Asthma | _____ Epilepsy | _____ Hay Fever |
| _____ Diabetes | _____ Sleep Walking | _____ Fainting Spells |
| _____ Frequent Colds
or coughs | _____ Ear Trouble | _____ Heart Condition |
| _____ Tonsillitis | _____ Appendicitis | _____ Stomach Aches |
| _____ Hepatitis | _____ Toothaches | _____ Seizures |
| _____ Severe/Frequent
Headaches | _____ Recent Illness/
Operations | _____ Bone/Joint
Injuries |
| _____ Bleeding Disorder | | |
| _____ Bed Wetting (please provide pull ups, rubber sheet, extra bedding and extra pajamas) | | |
| _____ Other Illness: _____ | | |

Are there any other health, physical or emotional problems or any other information that the camp should know about regarding your camper? If yes, please explain:

B) 2. MEDICAL INFORMATION

- For each medical illness that your child has please complete the following:

- 1) Brief description of the illness
- 2) Treatment presently receiving, medications, other forms of treatment.

Illness #1:

1) Medications

Name	Dose	Route & Special Instructions	Times

2) Other Treatments (required at camp):

Illness #2:

1) Medications:

Name	Dose	Route & Special Instructions	Times

2) Other Treatment (required at camp):

Camper's Name: _____

C) IMMUNIZATION

Is your camper vaccinated against COVID-19? _____ YES _____ NO

Is your camper's immunization up to date? Have they received the immunizations required for school attendance? _____ YES _____ NO (If NO, please supply explanation on separate page.)

D) SWIMMING ABILITY

Is your camper an adequate swimmer? _____ YES _____ NO

Highest swimming level achieved _____

Is there any reason why your camper can't go swimming? Please state why?

To the best of my knowledge, my child is in good health and the above information is correct.

Signature of Parent/Guardian

Date

Lakeview Presbyterian Church
278 Camelot Street
Thunder Bay Ontario P7A 4B4

Permission to Use Photograph

Subject: Presbyterian Church in Canada / United Church of Canada Summer Camp

Location: Camp Duncan

I grant to the Presbyterian Churches of the Presbytery of Superior and the United Churches of Thunder Bay and/or their representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize the Churches of the Presbytery of Superior and the United Churches of Thunder Bay assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Churches of the Presbytery of Superior and the United Churches of Thunder Bay may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Camper's name _____

Camper's signature _____

Address _____

Date _____

Signature, parent or guardian _____
(If under age 18)