



# Presbytery of Superior Summer Camp

## Pres-B-Camp 2025 July 20th to 26th

Summer Season, 2025 Welcome to Presbytery of Superior Summer Camp 2025! It has been a while, and we are looking forward to once again having a great summer at Pres-B-Camp. Join us for a week of fun & learning in nature! We invite you to bring a friend along for the adventure!

### Details

**Pres-B-Camp** is for campers entering Grade 3 to 8 this fall. Pres-B-Camp is being held at Duncan Memorial Church Camp, which is located on Loon Lake, East of Thunder Bay.

A map with directions to the camp will be mailed or emailed with the confirmation letters a few weeks before camp. 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 health issues.

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

### Fees

First Camper	\$250
Second Camper (same family)	\$220
Third or more (same family)	\$200

If you have any questions or concerns, please reach out.

### 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,  
Presbytery of Superior Summer Camp 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



# Presbytery of Superior Summer Camp

## Summer Camp Registration Form 2025

First Name _____ Last Name _____	<b>For office use only:</b> \$20 dep. Pd. <input type="checkbox"/> Health Form <input type="checkbox"/> Reg. #: _____ Sib. Reg. #: _____
Date of Birth ____/____/____ <small>MONTH DAY YEAR</small> Gender: m:____ f:____ x: _____	
Grade (going into) _____	
Name of sibling(s) attending Pres-B-Camp: _____	
Address (if different than parents' below): _____ _____ _____	
Preferred Name _____ Pronouns used _____	

Name of Parents/Guardians _____
Phone # (home) _____ (work) _____
Address _____ (cell) _____
E-mail _____ City _____ Postal Code _____
Church you attend _____
<b>Check, if financial assistance is needed</b> <input type="checkbox"/>
<p style="text-align: center;"><b>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:</b></p> <p style="text-align: center;">Lakeview Presbyterian Church Re: Summer Camp 278 Camelot Street, Thunder Bay, ON, P7A 4B4</p>



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## Camper Health Form 2024

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Church you attend \_\_\_\_\_

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: \_\_\_\_\_

# Presbytery of Superior Summer Camp 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 / advil) \_\_\_\_\_
- Zinc Oxide Ointment \_\_\_\_\_
- Antihistamine (e.g. Benadryl) \_\_\_\_\_
- Wound Care (e.g. Normal Saline) \_\_\_\_\_
- Melatoninine 5 or 10 mg(in case of  
difficulty sleeping) \_\_\_\_\_

\_\_\_\_\_  
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.

Allergen	Reaction and severity	Medication/Treatment

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

\_\_\_\_\_

If your camper carries a medipen/epipen please send one with them in a case for them to carry and a second for us to keep in the medication box in case of a reaction. We are more than 15 minutes from medical aid all campers requiring a medipen/ epipen MUST send at least 2 to camp.

All campers who carry or require a medipen or epipen will also be asked to sign the Consent to Administer form and the emergency allergy alert photo release form. You will be contacted about these prior to the start of camp.

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

**B)1. ILLNESS CONDITIONS**

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

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

Are there any other health, physical or emotional challenges or any other information that the camp should know about regarding your camper? (ie hates being touched, seeks hiding spots when overwhelmed, changing or difficult family circumstances ect.) If yes, please explain:

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

**B)2. MEDICAL INFORMATION**

For each medication that your child takes please complete the following: (write more on the back or reach out to camp director if you need more space for medication.)

- 1) Name of medication, dose and times taken
- 2) Reason for taking medication and if applicable signs something has changed (ie for seizure medication, indications of absent seizures to watch for)

Medication #1:

Name	Dose	Route & Special Instructions	Times

Other details

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Medication #2:

Name	Dose	Route & Special Instructions	Times

Other details

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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 \_\_\_\_\_

An **adequate swimmer is** one that can pass the swim to survive standard laid out by the National Life Saving Society. This includes roll into deep water (over the swimmers head), tread water for 1 minute and swim 50 meters while maintaining a clear airway (head out of water to breath).

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: Presbytery of Superior of the Presbyterian Church in Canada Pres-B-Camp

Location: Camp Duncan

I grant to the Presbyterian Churches of the Presbytery of Superior and/or its 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 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 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)