

# Kids On Track SHIFT YOUTH—OVERNIGHT TRIP Registration Supplement

## Youth's Information:

YOUTH'S NAME: \_\_\_\_\_

Birthday: MM/DD/YEAR

We are interested in providing the most beneficial trip for your camper. In order to accomplish this, we would like to have as much information as possible. Please give the following your careful attention.

To your knowledge, please check off if your youth has a history of any of the following. **Answering yes does not necessarily mean he or she cannot be involved with the trip. It just gives us important information so we can create a successful environment for your child at camp.**

- |  |   |  |   |                              |
|--|---|--|---|------------------------------|
| <input type="checkbox"/> Homesick tendency   | <input type="checkbox"/> Aggressive behaviour | <input type="checkbox"/> ADD/ADHD        | <input type="checkbox"/> FASD/FAE               | <input type="checkbox"/> ODD |
| <input type="checkbox"/> Difficulty making friends   | <input type="checkbox"/> Anxiety disorders    | <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> Mental health concerns |                              |
| <input type="checkbox"/> Require adaptations in their school classroom (ie. Aide, individual program plan) |   |  |   |                              |

Other information you think we should have including any fears or phobias: \_\_\_\_\_

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The following questions apply to the specific overnight camps. Please fill them in as applicable.

### JASPER YOUTH CAMP Dates: August 5-9

How is your youth's experience with outdoor camping?

- Experienced with multi-day camping trips
- Has some camping experience
- Limited/no camping experience

### HIKE LIKE A GIRL Dates: July 11-14

How is your youth's experience with hiking?

- Experienced at hiking with a pack
- Has some hiking experience
- Limited/no hiking experience

### FORGED GUY'S CANOE TRIP Dates: July 23-26

How is your youth's experience with canoeing?

- Experienced at canoeing
- Has some canoe experience
- Limited/no canoe experience

Please provide details of experience: \_\_\_\_\_

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**Medical Information– Please fill in all that applies:**

Alberta Health Care #: \_\_\_\_\_

Alberta Blue Cross #: \_\_\_\_\_

Alberta Child Health Benefit #: \_\_\_\_\_

Native Treaty Card #: \_\_\_\_\_

Other Insurance: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

If injured in an outdoor environment, there is a risk of Tetanus. All participants must have up to date Tetanus vaccine. Contact your community health unit to book this vaccine or to obtain your records.

Date of last Tetanus shot: \_\_\_\_\_

If camper is female, has she started menstruation? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Please note, it is up to the camper to bring her own sanitary menstruation supplies for the trip. For HIKE LIKE A GIRL, please speak to our staff for options.

Does your youth have history of any of the following (check all that apply):

Bladder infections  Bedwetting  Heart problems  Ear infections

Asthma  Eating disorders  Other: \_\_\_\_\_

If you answered “yes” to any of the above, please elaborate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your youth have any allergies (check all that apply):

Food allergies/restrictions \_\_\_\_ Insect allergies \_\_\_\_ Drug allergies \_\_\_\_ Environmental allergies \_\_\_\_

If you answered “yes” to any of the above, please elaborate and rate the symptoms:

Mild \_\_\_\_ Moderate \_\_\_\_ Severe (life threatening) \_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your youth is allergic and/or asthmatic, **please ensure the youth is on preventative medication before attending the trip.** This is extremely important and reduces the chance of your youth becoming sick on the trip. If your child has an epi-pen or inhaler, please send it with them.

Can your youth self-mediate inhalers as needed? Yes \_\_\_\_ No \_\_\_\_ Initials: \_\_\_\_\_

Does your child have any activity, mobility, or previous muscle or bone injury restrictions? Yes \_\_\_\_ No \_\_\_\_

If you answered “yes” to the above, please elaborate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medications:

May the following non-prescription medications be used for the treatment of minor ailments your youth may experience while on the overnight trip(s)?

Tylenol/Acetaminophen	Yes___	No___	Initials:_____
Advil/Ibuprofen	Yes___	No___	Initials:_____
Gravol/Nausea medication	Yes___	No___	Initials:_____
Benadryl/Antihistamine	Yes___	No___	Initials:_____
Calamine/Caladryl Lotion	Yes___	No___	Initials:_____
Cough syrup	Yes___	No___	Initials:_____
Decongestant	Yes___	No___	Initials:_____
Cough lozenge	Yes___	No___	Initials:_____
Polysporin cream	Yes___	No___	Initials:_____
Burn dressings/ointment	Yes___	No___	Initials:_____

Please list all prescribed medications that your child will be bringing to the trip(s). Include name, dose, and times given. Do not provide any of the non-prescription medications as we will have those on hand.

**All prescription medications must be individually bubble packaged by your pharmacist with complete labeling (name, drug, dose) and attach a pharmacist's information sheet, available from any pharmacist.**

Medication Name	Dose	Times to be given (AM, PM, bedtime, PRN)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please do not pack the medications in your child's luggage.

Please check in all medications— prescription and non-prescription— with the staff.

If a child is found with any unregistered medication, it will be confiscated.

The only medication allowed on their person is asthma inhalers and epi-pens.

I affirm that the information on the **Kids On Track SHIFT YOUTH OVERNIGHT TRIP Registration Supplement** is accurate and correct.

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Date (dd/month/yyyy)