



# BC Professional Fire Fighters' Burn Fund

## BURN CAMP - Camper Application

Please email, mail or fax completed application to contact info on bottom of page:

**APPLICATION DEADLINE - MAY 17, 2019**

### GENERAL INFORMATION

Child's Name \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Address (if different from mailing address) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parent's Cell Phone (not child's) \_\_\_\_\_  
Parent/Legal Guardian's Name \_\_\_\_\_  
Parent's E-Mail (not child's) \_\_\_\_\_  
Primary Language spoken by child \_\_\_\_\_ Adult \_\_\_\_\_  
Child shirt: S M L XL XXL XXXL **OR** Adult shirt: S M L XL XXL XXXL  
School Grade attending this year \_\_\_\_\_ Child's nick name \_\_\_\_\_

### PARENT and FAMILY INFORMATION

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### CHILD INFORMATION

Has your child been to a Burn Camp Before? Yes No **If yes**, which year(s)? \_\_\_\_\_  
Please describe your child's acceptance or denial of his/her burn injuries \_\_\_\_\_

Has your child attended any other camps? **If yes**, which ones? \_\_\_\_\_ Which years? \_\_\_\_\_

### WATER SKILLS

Is your child an experienced swimmer? Yes No  
**If yes**, specify level of swimming skills: \_\_\_\_\_

### CAMPER THOUGHTS

What are you most looking forward to about Camp this year? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### **FOR ALL CAMPERS BOTH NEW AND RETURNING:**

**\*\*It is mandatory to include a current photograph of your child with this application\*\***

### **TRANSPORTATION INFORMATION**

**ARRANGEMENTS AND DETAILS WILL BE SENT TO CAMPERS CLOSER TO THE BURN CAMP DATE.**

### **PHOTOGRAPH/VIDEO – WAIVER:**

The British Columbia Professional Fire Fighters' Burn Fund needs your help and support in its work of providing education programs about burn injuries. Often, as people become aware of how to prevent burns, they also want to support programs to help survivors of burn accidents. You can help our efforts to increase support for the valuable programs in which you participate. We need your AUTHORIZATION!! Check next to the appropriate item and then give signature.

**YES**, I authorize the British Columbia Professional Fire Fighters' Burn Fund to use photographs/video from camp for public education to help with burn prevention awareness. My child's last name and any personal information will not be revealed. Images may be used on the Burn Fund website, social media platforms and/or promotional materials.

**NO**, I do not want my child photographed or video taped for public education purposes.

If you answered NO, please clarify the level in which your child can be involved in the video/picture slide show at camp:

**YES**, my child may be included in the video/picture slide show (which highlight the weeks' events) and will be mailed to all Campers and Counselors in August.

**NO**, I do not want my child included in the video/picture slide show.

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(Parent/Guardian Sign)

(Date)

#### PLEASE NOTE:

No cameras or cell phones are allowed at camp. Only our designated photographers will be taking photos. All campers and counselors will receive a USB stick of the Burn Camp photo slideshow/video in August.



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### AGREEMENT AND RELEASE

In consideration of the British Columbia Professional Fire Fighters' Burn Fund, undertaking a camp program of benefit for the health and welfare of:

Camper's Name: \_\_\_\_\_ (hereinafter called "Camper") and activities incidental thereto, including transportation provided by the BCPFF Burn Fund to and from Greater Vancouver, BC and also Cheakamus Centre (our Burn Camp location) in Brackendale, BC, at the request of the undersigned acting on behalf of all of the camper's parents or guardians, the undersigned agrees, represents and certifies as follows:

1. The undersigned is a parent or legal guardian of the Camper and has full and complete authority from all parents or legal guardians of the Camper to execute this agreement of behalf of said parents or legal guardians.
2. It is recognized that the Camper's participation in the camping program mentioned above and related activities involves risk of bodily injury and property loss and damage incidental to such type of activities, and it is agreed that the risk of any such injury, loss or damage is assumed by the Camper and all of the Camper's parents or legal guardians.
3. The undersigned and all of the Camper's parents or legal guardians individually and as such parents or guardians, hereby waive, remise, release and forever discharge the BCPFF Burn Fund and its respective officers, agents, employees and representatives, of and from all liability, claims or demands for damages whatsoever, except for those resulting from recklessness or willful misconduct, on account of personal injury to the Camper or loss or damage to the Camper's property resulting from, participation in the above mentioned activities, during the 2019 BCPFF Burn Fund Camp, including by way of illustration but not limitation, injury, loss or damage occurring during (i) travel to and from the camp; (ii) activities held therein; (iii) overnights and meals, rest and waiting periods. The undersigned and all of the Camper's parents or legal guardians further hereby agree to hold harmless and to indemnify and defend the aforesaid BCPFF Burn Fund and its representatives, from and against any claims, loss, damage, cost, or expense including reasonable attorney's fees, that may be incurred as a result of any such action, claim or demand except for those based upon acts of recklessness or willful misconduct.
4. The BCPFF Burn Fund is hereby instructed and authorized to employ such emergency medical treatment as they see fit during the Camper's participation in any of the above mentioned activities, if, in their sole judgment, the condition of the Camper, because of injury, illness or otherwise, requires such emergency treatment, and the BCPFF Burn Fund and its respective officers, agents, employees and representatives, are hereby remised, released, and forever discharged by the undersigned and all of the Camper's parents or legal guardians from any liability for all their decisions and actions, made and done in good faith, in administering such emergency medical treatment.
5. By signing this agreement and release the undersigned hereby acknowledges and represents that he/she has read and understands (1) each of the provisions contained herein, and (2) the activities in which the Camper will participate during the camp program.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2019  
(City) (Date) (Month)

Parent or Legal Guardian Sign \_\_\_\_\_

Witness \_\_\_\_\_

# Health Form

Complete information is necessary for attendance and is mandatory. Information will be kept confidential.

Form to be filled out by the Parent/Legal Guardian.

Child's Name: \_\_\_\_\_ Care Card #: \_\_\_\_\_  
Weight: \_\_\_\_\_ Height: \_\_\_\_\_

## EMERGENCY NOTIFICATION

If Parent/Legal Guardian is not available in case of an emergency please notify **(list at least two that will be available)**

1. \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to child: \_\_\_\_\_
2. \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to child: \_\_\_\_\_
3. \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to child: \_\_\_\_\_

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## HEALTH HISTORY

Indicate if the child is currently or in the past had any of these items listed below.

Asthma	Emotional Problems	Menstrual Irregularities
Athletes Foot	Epilepsy/Convulsions	Mononucleosis
Attention Deficit Disorder	Fainting Spells	Mumps
Bed Wetting	Frequent Sore Throats	Obesity
Bleeding/Clotting Disorders	German Measles	Penicillin
Chicken Pox	Hay Fever	Psychiatric Treatment
Chronic Illness	Head Lice	Psychotherapist Treatment
Constipation	Headaches	Shortness of Breath
Diabetes	Heart Defect/Disorder	Sinus Trouble
Discharging	Hyperactivity	Sleep Walking
Drug Abuse	Insect Stings	Snoring
Ear Infections	Ivy Poisoning	
Eczema	Measles	

Allergies \_\_\_\_\_

**There is a strict no smoking policy** while attending camp.

3891 Main Street, Vancouver, BC, V5V 3P1 Phone: (604) 436-5617 Fax: (604) 436-3057  
[www.burnfund.org](http://www.burnfund.org) [nola@burnfund.org](mailto:nola@burnfund.org)

# Health Form

Complete information is necessary for attendance and is mandatory. Information will be kept confidential.

Form to be filled out by the Parent/Legal Guardian.

## IMMUNIZATION HISTORY

Record the date, month, year of basic immunizations and recent booster doses or shots.

Diphtheria, Pertussis (Whooping Cough), Tetanus: DPT \_\_\_\_\_

Oral Polio (Sabin) \_\_\_\_\_ Injectable Polio (Salk) \_\_\_\_\_

Rubeola – Red Measles \_\_\_\_\_ Mumps \_\_\_\_\_

Rubella – German Measles \_\_\_\_\_ Tuberculin test given (most recent) \_\_\_\_\_

## RECOMMENDATIONS and RESTRICTIONS WHILE AT CAMP

Special Diet \_\_\_\_\_

Water Activities \_\_\_\_\_

Strenuous Activity \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Fears of: Dark \_\_\_\_\_ Being Alone \_\_\_\_\_ Animals \_\_\_\_\_ Thunderstorms \_\_\_\_\_

Water \_\_\_\_\_ Heights \_\_\_\_\_ Fire \_\_\_\_\_ Being Away from Home \_\_\_\_\_

Comments: \_\_\_\_\_

## MEDICAL HISTORY and TREATMENT

Date of burn injury \_\_\_\_\_ Percentage of total body surface burned \_\_\_\_\_

Area of body burned \_\_\_\_\_

Cause of burn \_\_\_\_\_

Length of Hospital stay \_\_\_\_\_ Name of Hospital \_\_\_\_\_

Does your child wear any splints, pressure garments or have any open wounds that require dressings?

Yes      No

If **yes**, please describe and indicate which item(s) that will be sent with child to camp.

Splint description and Wearing schedule \_\_\_\_\_

Pressure Garment and Wearing schedule \_\_\_\_\_

# Health Form

Complete information is necessary for attendance and is mandatory. Information will be kept confidential.

Form to be filled out by the Parent/Legal Guardian.

## MEDICAL HISTORY and TREATMENT

Is your child currently receiving Physical or Occupational Therapy? Yes No

If yes, will your child require the same type of Physical or Occupational Therapy while at camp? Yes No

If yes, please describe.

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Is your child currently taking any type of medication? Yes No

Will your child be using medication during camp? Yes No

If yes, please describe type, amount and frequency taken.

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Please supply us with any additional information about your child that we should be aware of to make your child's stay at camp the most positive experience possible.

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## PARENT AUTHORIZATION for MEDICAL TREATMENT and/or OVER THE COUNTER MEDICATION

1. This health history is correct to the best of my knowledge and the person herein described has permission to engage in all prescribed camp activities except as noted by me.
2. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director, to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.
3. I authorize the use of over-the-counter medications for aches and pains, coughs, nasal allergies or cold symptoms, itching, etc. for my child when it is deemed necessary for the relief of symptoms. I have listed above all allergies or adverse reactions to over-the-counter medications that my child has.

\_\_\_\_\_  
Parent/Legal Guardian Sign

\_\_\_\_\_  
Date



## BURN CAMP 2019 CAMPER CODE OF CONDUCT

This is to certify that I, \_\_\_\_\_  
(Camper's First and Last Name)

will agree to follow the rules and directions given by the Counselors and Junior Counselors at BCPFF Burn Fund Burn Camp 2019. This includes treating all Burn Camp participants with respect and friendliness, much as you would like others to treat you.

I also acknowledge that if I do not follow the rules and directions given by the Counselors and Junior Counselors, I may be subject to being asked to leave camp and possibly jeopardizing my ability to participate in future BCPFF Burn Fund Burn Camps.

Dated the \_\_\_\_\_ of \_\_\_\_\_, 2019  
(Date) (Month)

Camper Sign: \_\_\_\_\_

# Massage Therapy Release Form

## 1. Client Contact Information

Please print clearly and complete all the responses to the best of your knowledge.  
(All information is strictly confidential)

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_  
City Province/State Postal/ Zip Code

## 2. Client Medical Information

For your safety, our therapists must be aware of all medical conditions for which you have been diagnosed.

Have you had massage treatments before? Yes No

Are you currently under a physician's care? Yes No

Are you taking any medications? Yes No

If yes, please describe: \_\_\_\_\_

Do you have a tendency to bruise easily? Yes No

Have you recently been exposed to a communicable disease? Yes No  
If yes, please describe: \_\_\_\_\_

Do you have any recent injuries? Yes No  
If yes, please describe: \_\_\_\_\_

### Specific Medical Conditions

Please check any of the following medical conditions/symptoms that you have experienced in the last year.

- |                           |               |                     |
|---------------------------|---------------|---------------------|
| Immunity Related Disorder | Sciatica      | Stroke              |
| Varicose Veins            | Surgery       | Herpes Simplex      |
| Whiplash                  | Asthma        | Angina              |
| Phlebitis/Thrombosis      | Fibromyalgia  | Disc Problems       |
| Insomnia                  | Hypertension  | Migraines           |
| Contagious Disease        | Pregnancy     | High Blood Pressure |
| Repetitive Strain Injury  | Heart Disease | Hospitalization     |
| Hepatitis                 | Carpal Tunnel | <b>Other:</b> _____ |

Arthritis: Yes No Describe: \_\_\_\_\_

Cancer or Tumors: Yes No Describe: \_\_\_\_\_

Cardiovascular Disease: Yes No

Anemia Angina Atherosclerosis Hemophilia Congestive Heart Failure

Heart Attack Heart Murmur Hypertension High Blood Pressure

Other \_\_\_\_\_



Diabetes: Yes No Describe: \_\_\_\_\_

Kidney/Liver Disease: Yes No Describe: \_\_\_\_\_

Respiratory or Lung Condition: Yes No Describe: \_\_\_\_\_

Skin Conditions: Yes No

Acne	Abrasions/Cuts	Birthmarks/Moles	Warts
Bruises	Dermatitis	Eczema	Herpes
Hives	Psoriasis	Skin Tags	Sunburn
Poison Ivy/Oak/Sumac	Other _____		

Injuries: Yes No Describe: \_\_\_\_\_

Burns: Yes No

Describe area, severity and scars received from burn injury and indicate burn date.

**Please read and sign**

I verify that all information is correct and current to the best of my knowledge. I understand that any information provided is for safety purposes and will be kept strictly confidential. I hereby give my consent to receive massage services from a Burn Camp Massage Therapist and I acknowledge and agree that I am doing so at my own risk. My health and safety with respect to such services are my sole responsibility and I do not hold the therapist liable for medical information not disclosed that could alter effects of massage therapy received. My decision to receive services from a Burn Camp Massage Therapist is voluntary, and I know of, understand and assume any and all the risks associated with treatment.

In exchange for receiving services from a Burn Camp Massage Therapist I, hereby waive, release and discharge the Burn Camp Massage Therapist and the Burn Camp Staff from any and all liability connected to treatment received. I acknowledge that I have read, and understand, the release set forth in the preceding paragraph, and agree to such terms.

\_\_\_\_\_  
Client Name Sign Date

\_\_\_\_\_  
Parent/Guardian Sign Date

**3. Benefits of Massage Therapy**

Massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow. If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session. I understand that the services offered today are not a substitute for medical care. I affirm that I have notified my therapist of all known medical conditions and injuries. I agree to inform the therapist of any changes in my health or medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so. I understand that massage is entirely therapeutic and no techniques out of scope of practice will be used. I understand that I have the right to stop treatment for any reason, as does my therapist.

By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy.

In reading the above information I \_\_\_\_\_ give my permission for my child  
(Parent/Guardian Name)

\_\_\_\_\_ to receive massage therapy treatment during Burn Camp 2019.  
(Child's Name)

\_\_\_\_\_  
Parent/Guardian Sign Date



## British Columbia Professional Fire Fighters' Burn Fund

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To All Campers, Parents/Guardians, Counselor & Junior Counselors,

Please find below two of our Burn Fund Policies for Burn Camp. These policies were developed to protect everyone that is involved with our camp and organization. Please read the following policies and go over them with your children, then please sign to acknowledge that you understand and will adhere to these policies. We will have the photos taken at camp by our Official Photographers and will be available to the campers on a flash drive mailed to them after camp.

Sincerely,

*Brian Pederson*

Brian Pederson,  
BCPFF Burn Camp Director

### **BURN CAMP PHOTOGRAPHY POLICY (Section 9.11 Burn Fund Policy & Procedure Manual)**

- a) The Burn Camp Executive shall determine how many photographers are required for Burn Camp and shall identify them by designating them as an 'Official Photographers' of Burn camp.
- b) All campers and counselors must present a completed Photo Release Form with their application before being accepted to Burn Camp.
- c) No other cameras or cell phones with cameras will be allowed at camp with the exception of the Burn Camp Committee who may carry cell phones for safety and logistical reasons. Part e) still applies to all members of the Burn Camp Committee.
- d) All campers and counselors must sign a form agreeing to comply with the policy that no other cameras or cell phones with cameras will be allowed at camp.
- e) Anyone (other than an 'Official Photographers') found using a camera of any sort at Burn Camp will constitute grounds for ejection from Burn Camp.
- f) All photos from the 'Official Photographer(s)' shall be reviewed by the Burn Camp Director to ensure that any requested 'black-out' has been honoured and that all photos are appropriate for public release.
- g) No one may display or distribute any photos that have come from any source other than the 'Official Photographers' unless approved by the Executive Director or the Burn Camp Director.



## British Columbia Professional Fire Fighters' Burn Fund

### CONTACT WITH MINORS POLICY (Section 9.12 Burn Fund Policy & Procedure Manual)

- a) Representatives of the Burn Fund shall only contact a minor when they are conducting Burn Fund business and shall notify the following of the contact;
  - i) The minors' parent or guardian.
  - ii) The Burn Fund Office.
  - iii) The Executive Director.
- b) Parents or guardians of a Burn Survivor minor shall be instructed to notify the Burn Fund Office if they become aware of any contact between a representative of the Burn Fund and their dependant that they had not previously approved.
- c) If a representative of the Burn Fund is contacted directly by a minor, they shall;
  - i) inform the parent or guardian of the contact.
  - ii) remind the minor that all communication must go through the Burn Fund Office.
  - iii) cc the Burn Fund Office and the Executive Director with the reply to the minor.
- d) All representatives of the Burn Fund shall do everything humanly possible, to ensure that they are never physically alone with a minor. ('Physically Alone' is loosely defined as being out of eyesight and listening range of a witness.)
- e) Representatives of the Burn Fund shall not engage in any activity that would encourage or foster a personal relationship with an underage burn survivor outside of Burn Camp. This includes, but is not limited to, contacting a minor through a social networking site such as 'Face Book' or 'Twitter'.
- f) When contact with a minor is required to be 'in person', every effort must be made to ensure another adult is present.
- g) When contact with a minor is conducted verbally, every effort must be made to ensure another adult can at least hear the conversation.
- h) When contact with a minor is conducted in written form, by letter or e-mail, a copy must be sent to the Burn Fund Office and the Executive Director.
- i) All minors, along with their parents or guardians, shall be informed of these policies and procedures.

I have read and understand the above policies as stated in the British Columbia Professional Fire Fighters' Burn Fund Policies & Procedures Manual. I will adhere to these new policies as presented.

\_\_\_\_\_  
Camper/Counselor Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Camper/Counselor Signature

\_\_\_\_\_  
Date

After completing form, save to your computer then attach to email addressed to [nola@burnfund.org](mailto:nola@burnfund.org)