



Improving the Lives of
Children & Youth with
Learning Disabilities

Dear Parent/Guardian,

We are pleased to offer your child a spot at Camp Towhee for Summer 2012!

Enclosed you will find the forms package and a checklist with important dates and deadlines. Please refer to this sheet and have all necessary paperwork in by the indicated due date.

If you have any questions or concerns, please direct them to Adina Muskat, Program Manager (416) 486-8055 ext 230 or by e-mail at amuskat@integra.on.ca.

Warmly,

Nicola Bangham, M.A.
Director of Camp Towhee

Accredited by
Children's Mental Health Ontario



Camp Towhee 2012 Camper Check List

FEES	DESCRIPTION	DUE DATE	SENT TO INTEGRA (√)
Invoice	Invoice will be sent to you at the end of February, 2012. Regular fees are \$2800. Enhanced fees are \$3300.		
Subsidy Applications	Upon receipt of your invoice, you may request a subsidy application from our office. Contact our Camp Coordinator at 416 486-8055.	April 1st, 2012	
Full fee deposit	Full fee deposit: \$600	April 1st, 2012	
Balance of full fees due	Fees must be received in the form of a visa payment or post-dated cheques. Please note, that all payments must be completed by the time your child goes to camp. Exceptions will be made as needed.	April 18th, 2012	
Subsidized fees due	Fees must be received in the form of a visa payment or post-dated cheques. Please note, that all payments must be completed by the time your child goes to camp. Exceptions will be made as needed.	April 18th, 2012	
FORMS	DESCRIPTION	DUE DATE	SENT TO INTEGRA (√)
Participation Consent Form and Release of Liability	Please read the description of the Camp Towhee Therapeutic Approach . This is to inform you of our approach to working with your child/adolescent at Camp Towhee. If you have any questions or concerns please discuss them with your Child & Family Therapist.	April 1, 2012	
Conditions of Enrollment Form	This form outlines the conditions under which your child/adolescent is to participate in the Camp Towhee program.	April 1, 2012	
Photo-Media Release Form	This form gives your permission to have your child/adolescent audio or video taped or photographed during camp. This may include public media. As a professional organization with a mandate to train/teach other professionals about children/adolescents with learning disabilities, we have listed the ways in which these photographs might be used. <u>Any other use</u> of these items will require further permission from you.	April 1, 2012	
Emergency Contact Sheet	Please notify us as to your whereabouts and how we can reach you <u>at all times</u> during camp. Please fill out this form with names, addresses and telephone numbers of three relatives or close friends or supports who will be available , and whom we can contact should a problem arise.	April 1, 2012	
Health Form	This form has been designed for parents to complete. A physician is not required to fill out and sign this form. The camp Health Staff will telephone you prior to your child's arrival at camp to review and update the form with you. Please be sure to indicate if medication dosages will change before your child arrives at camp.	April 1, 2012	
Travel to Camp Form	Please see Section 5 of the information package for details.	April 1, 2012	

CAMP TOWHEE THERAPEUTIC APPROACH

Camp Towhee is a therapeutic residential program for children/adolescents with learning disabilities who experience social, emotional and behavioural problems. The camp increases the adaptive capabilities of children/adolescents and their families by providing a nurturing and stimulating environment that promotes higher levels of functioning.

The mission of Camp Towhee is to increase the social competence and self esteem of children and adolescents with learning disabilities and related psychosocial difficulties, and to assist them in learning new skills in a safe and accepting environment. These objectives are achieved through the campers' participation in unique and powerful outdoor learning experiences and activities with other campers.

Participation in a combination of the following five programs, provide the foundation of Camp Towhee's therapeutic approach:

- 1) Adventure Based Learning
- 2) Outtripping and Outdoor Living Skills
- 3) Instructional and Recreational Aquatics
- 4) Experiential Arts

The **Adventure Based Learning** program provides campers with opportunities to participate in activities that challenge and encourage them to stretch beyond their perceived or self imposed limitations, discover untapped resources and strengths, and explore problems or challenges rather than become overwhelmed or incapacitated by them. Through participation in a gradual progression of simple acquaintance activities that require cooperation and positive interaction, to unique and challenging problem solving activities requiring mutual trust and effective communication, a supportive atmosphere is created to help campers to take safe risks that are social, emotional, and physical in nature. The peak experience for many campers in the Adventure Based Learning program involves the use of a High Challenge Ropes Course and Climbing Wall. These activities, which involve elements that are up to 40 feet off the ground, are supervised and operated by a highly skilled and trained Ropes Course Manager, assisted by trained and experienced Adventure Program Facilitators who follow stringent safety procedures and guidelines. In all Adventure Based Learning activities "Challenge By Choice" allows the participant to choose his/her own level of participation, and no one is ever forced to do more than he/she is comfortable with and ready for. Every Adventure Program activity allows for different levels of participation, and therefore, if a camper chooses not to actually "climb" or do a high ropes course element the role of support person that they will play for other campers is just as rewarding and beneficial. Processing the campers' experiences in meaningful ways allows for the transfer of learning and outcomes back to the home, school, and community environments.

The **Outtripping and Outdoor Living Skills** program is designed to develop self-confidence and self-reliance, by giving campers opportunities to learn skills that allow them to enjoy outdoor camping experiences. Campers work with their cabin mates to learn and practice outdoor skills, and make all the necessary preparations for canoeing/camping trips in beautiful wilderness settings. They will gain an awareness of and respect for their natural environment, and develop confidence in their ability to work with others, and contribute positively to a powerful and meaningful group experience. All trips are accompanied by a trained and qualified outtrips staff who possesses a

minimum of Bronze Medallion, Standard First Aid and CPR, and extensive canoeing and tripping experience.

The **Aquatics** Program at Camp Towhee provides fun and recreational swimming programs, and allows each camper to work toward their desired level of comfort in the water. Swimming instruction **may** be provided, depending on the interest and previous experience of the campers. Instructional swim programs at Camp Towhee are based on the Red Cross “Aquaquest” Program. Campers who participate acquire basic swimming skills, water safety awareness, and improvement of basic swimming strokes in working toward their Red Cross swimming badges. The program is adapted to the campers’ individual needs and abilities, and provides a safe, supportive environment, in order to build confidence and self-esteem as campers develop new skills.

The **Experiential Arts Program** is divided into two streams, both of which are often facilitated by Creative Arts Therapy students. The two streams are music and fine art, with a drama component present in both. The focus of the experiential arts activities is on process and exploration rather than the final product.

In the **music stream**, fun non-performance based activities, where campers are exposed to percussion, guitar and piano are included in the one hour sessions. Individual and group goals are established, with the group leader and the participant, at the beginning of the camp session.

In the **fine art stream** campers are introduced to an array of materials such as clay, paper mache, wood and plaster, as well as paints, oil pastels and pencil crayons. Campers are encouraged to explore all of the materials and participate in leader-directed, as well as individual-directed, projects. Again, a focus is placed on the process of creation rather than outcome. Encouragement to explore and utilize the natural resources of the camp environment and the creation of traditional “camp crafts” such as beading, candle making and woodworking also takes place in this program area.

In addition to the five program areas described above, campers will also have opportunities to participate in cabin group activities with their cabin counsellors, special camp-wide evening programs and theme days, special interest clubs such as the “**Towhee Tribune**” newsletter, and day trips away from camp with their cabin group. These activities enhance the campers’ overall camp experience, by providing variety and breaks from the daily routine, creating a fun and enriching camp atmosphere, and developing a strong “camp spirit”.

Camp Towhee’s therapeutic approach is supported by a 2:1 camper to staff ratio, in a small “community” style environment. Our staff consist of college and university students and professional, mature adults, from a variety of fields including education, social services, recreation, child and youth work, and health. Camp Towhee is committed to helping campers discover their strengths, abilities and talents, and learn effective coping strategies. Camp Towhee’s programs provide opportunities for children and adolescents with learning disabilities to feel successful and competent as they learn new skills.

INTEGRA/CAMP TOWHEE

PARTICIPATION CONSENT FORM AND RELEASE OF LIABILITY

I have read and understand the Camp Towhee Therapeutic Approach information.

I hereby consent to allow _____
(name of son/daughter)

Date of Birth _____

to participate fully in all aspects of the Camp Towhee Program.. I understand that my son/daughter may be participating in High Challenge Ropes Course programs, involving activities that may be up to 40 feet off of the ground, and outripping (camping/canoeing) programs that will take place away from Camp Towhee property.

RELEASE OF LIABILITY: In consideration of being permitted to participate in programs conducted at Camp Towhee, I agree to assume the risk of any injury, loss or damage that I may suffer, and hereby release and forever discharge Integra and Camp Towhee, it's directors, officers, employees and agents, and their respective heirs, successors and assigns from any and all claims, demands, actions and causes of action, however caused, arising out of the applicant's participation in the specified activities. I further agree to indemnify and hold harmless Integra and camp Towhee from and against any claims that may be asserted against Integra/Camp Towhee by third parties, which might arise by reason of my participation in the aforesaid activities.

Where the applicant is under 18 years of age, this waiver is being signed on behalf of the applicant by a parent or guardian who is signing on behalf of a minor, and thereby giving consent to allow their son/daughter to participate in all activities, except where exclusions are noted in the accompanying Health Information Form.

By signing this form, I confirm that I have read, understood and agreed to the terms and conditions of this waiver, and that I am the legal parent or guardian of the applicant.

This form should be signed by both parents/guardians where possible.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

INTEGRA / CAMP TOWHEE

CONDITIONS OF ENROLLMENT FORM

Camper's Name: _____

Date of Birth: _____

Please read the following conditions for your child/adolescent's participation in the Camp Towhee program.

1. The Camp Director at her/his sole discretion reserves the right to dismiss a camper from Camp Towhee when she/he deems this to be in the interests of either the child/adolescent or other campers.
2. In the event of any personal injury or property damage for any reason whatsoever (including, without limitation, any such injury or damage while traveling to and from Camp Towhee), you acknowledge that Integra assumes no liability and you release Integra from any claim or right of action in respect of such injury or damage.
3. The Camp retains 2 qualified first aiders on staff and has a health centre. In the event that a camper requires special medication, x-rays or treatment beyond that which is possible at Camp Towhee, these services will be obtained for the child/adolescent and the cost of these services will be charged to the parents or the family's hospital and medical health insurance policy.
4. Parents/guardians who enroll their child/adolescent at Camp Towhee must agree to visit their child on Visitor's Day.
5. It is important that we inform you that, should your child/adolescent disclose that he/she has been mistreated, Integra and Camp Towhee are legally obligated to report that disclosure to the Children's Aid Society.
6. Parents/guardians must have completed and returned to the office all necessary forms before the child/adolescent attends Camp Towhee.

This form should be signed by both parent/guardians, where possible.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

INTEGRA / CAMP TOWHEE PHOTO MEDIA RELEASE FORM

Child's/Adolescent's Name: _____

I hereby give Integra full and complete permission to use any still photographs, movies, audio or video tapes or other forms of pictorial/vocal representations of my son/daughter, a minor, for furthering the purpose of Integra through instructional brochures, pamphlets, books, newspapers, websites, or training and instructional or promotional sessions or for whatever educational purposes deemed appropriate by the Executive Director.

***This form should be signed by both parents/guardians, where possible.
(Where a camper is 18 years of age or older – they may sign on their own behalf).***

Signature of Parent/Guardian (or camper)

Signature of Parent/Guardian

Date

EMERGENCY CONTACT SHEET FOR CAMP TOWHEE

CAMPER NAME: _____ BIRTHDAY: _____
SCHOOL: _____

PARENT/GUARDIAN CONTACT INFORMATION:

_____ name of parent/guardian

_____ name of parent/guardian

_____ address

_____ address

_____ city _____ province

_____ city _____ province

() _____ residence telephone

() _____ residence telephone

() _____ work telephone

() _____ work telephone

() _____ cellular telephone

() _____ cellular telephone

() _____ summer address & telephone if applicable

() _____ summer address & telephone if applicable

() _____

() _____

() _____

() _____

() _____

() _____

() _____

() _____

() _____

() _____

() _____

() _____

In the case of an emergency, parent should we contact first: _____

Child Lives with: _____

Please list 3 names of people to contact in case of emergency, should parents not be available. *If you are unable to list 3 contact names, contact your Child and Family Therapist or the Camp Director before sending this form to Integra. Please print information.

1. Name: _____

Relationship to camper: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Cellular Telephone: _____

2. Name: _____

Relationship to camper: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Cellular Telephone: _____

3. Name: _____

Relationship to camper: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Cellular Telephone: _____

***Emergencies include behavioural as well as medical emergencies. Please ensure that the people listed on this form know your child well enough to be able to help in any situation if you are unable to be contacted.**

CAMP TOWHEE CAMPER HEALTH FORM - 2012

This form has been designed for parents to complete. A physician is not required to fill out this form and a physical examination is not required. However, parents may choose to visit a physician to have this form completed, which would, of course, incur an expense to the family.

This Health Form must be completed and mailed directly to Integra by APRIL 1, 2012. The camp nurse will telephone you prior to your child/adolescent's arrival at camp to review and update this form with you.

ALL MEDICATION THAT IS TAKEN REGULARLY MUST BE SENT TO CAMP IN "BLISTER PACKS." PLEASE REQUEST THAT YOUR PHARMACIST PREPARE ENOUGH MEDICATION FOR ALL DAYS THAT THE CAMPER IS AT CAMP. ALL OTHER MEDICATION MUST BE SUBMITTED IN THE ORIGINAL PACKAGING (I.E. ALLERGY MEDICATION)

CAMPER INFORMATION:

Camper's Name _____ M F

Weight _____ Height _____ Date of Birth _____ Age _____
day month year

Child's Ontario Health Card Number _____

This is a 10 digit number. If there is a "version code" (a letter of the alphabet) following the number be sure to include it.

Clothing Size: X-Small Small Medium Large X-Large (circle one) Child Adult

PARENT CONTACT INFORMATION:

name of parent _____ name of parent _____

address _____ address _____

city _____ province _____ city _____ province _____

postal code _____ postal code _____

(____) _____ residence telephone _____ residence telephone _____

(____) _____ work telephone _____ work telephone _____

(____) _____ cellular telephone _____ cellular telephone _____

summer address & telephone if applicable _____ summer address & telephone if applicable _____

(____) _____ (____) _____

PHYSICIAN INFORMATION:

Name of Family Physician _____ Telephone (____) _____

Name of relevant specialist _____ Specialty _____
Specialist Telephone (____) _____

May we contact your family physician if required? Yes No

CAMPER'S NAME: _____

CAMPER HEALTH HISTORY:

Give details of contact with any communicable disease within the last 3 months (i.e. H1N1, TB, flu, Pink Eye): _____

**** (Please contact the Camp Director prior to arrival at camp if you answered "yes" to this question)**

Give details of any hospitalizations within the last six months:

List all past surgeries:

Physical Health problems/conditions/illnesses:

Does the camper wear glasses or contact lenses? (If "yes" please specify) _____

If so, will they be bringing them to camp? _____

Seizure Information: (complete only if camper prone to seizures)

Type _____ Frequency _____

Date of last seizure _____

Describe warning signs of seizures _____

Seizures restrict camper's activity as follows:

CAMPER'S NAME: _____

Allergy Information: (check relevant information)

- penicillin _____
- other drugs (specify) _____
- nuts (specify) _____
- other foods (specify) _____
- bee sting _____
- animals (specify) _____
- other (specify) _____

Camp Towhee is NOT a nut-free environment

Please specify past level of medical attention for the allergy:

- Non-medical only
- Family doctor
- Allergy specialist
- Emergency intervention

Please specify treatment required and frequency of treatment for the allergy:

Please specify nature of reaction and severity of most serious reaction to the allergy:

Does child need injection for allergies Yes No

If yes, allergy serum and dates for administration must be sent to camp. This will be administered by a local doctor.

Please specify precautions used daily: _____

Can child recognize and treat reaction on their own? Yes / No (circle one)

If No, what assistance does child require: _____

For all campers with other than the mildest prior allergic symptoms or reactions, a physician letter must be obtained outlining the appropriate precautions and emergency measures. Specific direction for the use of epinephrine in emergencies should be included if it is part of the child's treatment.

Please check if camper has experienced any of the following

- | | | |
|---|--|--|
| <input type="checkbox"/> chicken pox | <input type="checkbox"/> ear infections | <input type="checkbox"/> cerebral palsy |
| <input type="checkbox"/> measles, red | <input type="checkbox"/> hay fever | <input type="checkbox"/> appendicitis |
| <input type="checkbox"/> measles, German | <input type="checkbox"/> sinus trouble | <input type="checkbox"/> tonsillitis |
| <input type="checkbox"/> mumps | <input type="checkbox"/> hernia | <input type="checkbox"/> asthma |
| <input type="checkbox"/> rheumatic fever | <input type="checkbox"/> constipation | <input type="checkbox"/> heart condition |
| <input type="checkbox"/> whooping cough (recent) | <input type="checkbox"/> soiling | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> frequent colds | <input type="checkbox"/> bedwetting | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> dizzy spells or fainting | <input type="checkbox"/> sleeping problems | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> severe stomach aches | <input type="checkbox"/> hepatitis | <input type="checkbox"/> other _____ |

Give treatment details, if any, of the above are ongoing concerns:

CAMPER'S NAME: _____

Please check if camper is fully immunized against the following:

- | | | |
|-------------------------------------|---|------------------------------|
| <input type="checkbox"/> polio | <input type="checkbox"/> simple (red) measles | Date of most recent booster: |
| <input type="checkbox"/> pertussis | <input type="checkbox"/> German measles | tetanus toxoid _____ |
| <input type="checkbox"/> tetanus | <input type="checkbox"/> mumps | polio vaccine _____ |
| <input type="checkbox"/> diphtheria | | measles _____ |

**** If the camper has not been immunized, you must fill out and submit a Statement of Conscious or Religious Belief Affidavit with this form.**

Menstruation: (for female campers)

Has camper menstruated Yes No

If no, has menstruation been discussed with your child/adolescent? Yes No

MEDICATIONS:

If camper requires medications (**prescriptions & non-prescription**) at camp complete the following section. **IF THERE IS A DISCREPANCY BETWEEN THIS INFORMATION AND THE INFORMATION ON THE BLISTER PACK, THE CAMP NURSE WILL FOLLOW THE INSTRUCTIONS ON THE BLISTER PACK. The nurse may call to confirm daily, non-prescription medications that are brought to camp and not packaged for daily dispensing.**

Medication Name	Dosage	Administration Times & Instructions	What For?
1.			
2.			
3.			
4.			
5.			
6.			

Is any of the above medication or dosage subject to change before camp 2012?: _____

If yes, please describe:

CAMPER'S NAME: _____

CAMPER HEALTH HISTORY: (cont.)

Nutrition: (list dietary restrictions or modifications)

Dental: (Please provide details of any recent dental work, which may require follow-up at camp)

Equipment: (please check if your child will be bringing any of the following to camp.

braces mouth appliances other _____

Care of equipment _____

Name of Dentist: _____ Phone Number: _____

Physical Participation: (please specify any activities in which camper should not participate)

SWIMMING EXPERIENCE:

Has this camper ever taken any swimming lessons? Yes _____ No _____

If yes, please indicate highest level passed, the provider, and the date (or year) the award was received:

Level: _____

Provider (e.g. Red Cross) _____ date: _____

PARENT SIGNATURE:

Name of Camper: _____

To the best of my knowledge, this child/adolescent does not have a communicable disease on the Date of signing, nor has he/she had within the past three weeks. If the child/adolescent becomes exposed to any infectious disease between now and the time of departure for camp, I understand the camp must be notified immediately.

This child/adolescent is physically able to participate in all camp activities except as indicated. All medical problems, or conditions requiring ongoing medical supervision or care, have been fully noted.

In cases where the camp medical staff requires more information, parents will be contacted. If the parent cannot be reached, permission is, hereby, given to the camp staff to take whatever steps it deems necessary to ensure the safety and health of the camper. This also allows permission for Integra to contact the camper's family physician/specialist. **Please inform your physician/specialist that you have given this authorization.**

In case of surgical emergency, if I am not available, 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. Note: in all cases, the Camp Director will automatically attempt to contact the camper's parents or guardian by telephone, prior to taking any action stipulated above.

I, hereby, certify that all information completed in this form is current and accurate.

Parent Name

Parent Signature

Date

TRAVEL FORM

Camper's Name: _____

Travel to Camp:

Please check (✓) **one** of the following:

My child will travel **TO** camp on the bus from Toronto

or

We will provide our own transportation **TO** camp

Travel from Camp:

Please check (✓) **one** of the following:

My child/adolescent will travel **FROM** camp on the bus to Toronto

or

We will pick up our child/adolescent at camp on the final day

Visitor's Day:

It is expected that every camper will have visitors on Visitor's Day. We will be sending you a letter closer to that date, with more information on your day at camp as well as a map to Camp Towhee.

Please note that only immediate family members (parents, siblings, grandparents – if living with camper) may attend Visitor's Day.

Please check (✓) if appropriate:

I would be willing to drive another parent to and from camp on Visitor's Day

If yes, what geographical area are you in? _____

Note about van transportation on Visitor's Day:

The camp van will be making a trip from Toronto to Camp Towhee on Visitor's Day. As space is **very** limited, we are able to provide only **2 spots per household**. Please get in touch with us if you have **absolutely no other method of transportation** to come for Visitor's Day.