MANITOBA FASD

Family Network



FASD Explore Summer 2018 Summer Application Package July 11—13, 2018

Applications are due Friday, May 18, 2018

**Please submit your application as soon as possible to ensure a spot **

Families will be contacted by phone regarding application status between May 28 to June 1, 2018

NOTE: If the child is in care, forms <u>must</u> be signed by the CFS worker before the application will be accepted.



Please take the time to properly fill in, date, and sign the following documents:

☐ Explore Summer 2018 FASD Summer Camp Application
form (Form A)
☐ Photo consent (Form B)
☐ Exchange of information (Form C)
☐ Medical information form (3 pages) - Momenta experience
discover grow
☐ Waiver and Release of Liability form—Momenta
experience discover grow

* Total pages to return = 7 pages

Mail or fax applications to:

MB FASD Family Network Attn: Rita Drohomereski Rehabilitation Centre for Children Specialized Services for Children and Youth Centre 1155 Notre Dame Avenue Winnipeg, MB R3E 3G1 Fax: (204) 258-6797

Questions? Please contact Laura Bennett at: Phone (204) 258-6741 Email lbennett@rccinc.ca

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(Form A)



Explore - FASD Summer Camp 2018 Program Application

Rehabilitation Centre for Children Telephone: (204) 258-6600 Fax (204) 258-6797

Application Date:				
Camp: ☐ Junior (age 10 – 12 years old)	☐ Senior (age	e 13-15 yea	rs old)	
Child's Name:			☐ Male	
Birth date: Month: Day:	Year:		□ Female	
MHCS # (6 digits)	Р	HIN# (9 dig	its):	
Child has an FASD diagnosis. Child is able to manage a 1 adult to 3 child suppose Child has current involvement with the youth just Child will be attending other recreation camps do Child has expressed desire to attend overnight of Child is aware of his/her FASD diagnosis Child has ride to Winnipeg drop off and pick up I	tice system uring summer camp	□ yes	□ no □ no - my child may require extra support □ no □ no If yes, when? □ no □ Child is unsure □ no - my child is not aware of diagnosis □ no - need assistance with transportation	
Caregiver #1:	Careg	giver #2:		
Home phone:				
Other: Work/cell	Other	: Work/cell:		
Email:				
Home/Mailing Address:				
City: Postal Code:				
If child is in foster care, please fill out this se	ction:			
Legal Guardian:		Phone:	Fax:	
Agency Name and email:				
Consent: I am in agreement with this application to the Exploration and that information about my child will Recorded at program location Used in collecting non-identificular I have read the program information	be: n/ provider for se able data for pro	ervice coord	ination.	
Name and Signature of Legal Guardian			Date	
For more information, please contact Laura Bennett at (204) 258-6741 or email lbennett@rccinc.ca				

For more information, please contact Laura Bennett at (204) 258-6741 or email lbennett@rccinc.ca
Applications can be faxed to (204) 258-6797 Attention: Rita Drohomereski or mailed to MBFASD Family Network - Rehabilitation Centre for Children at SSCY Centre 1155 Notre Dame Avenue, WPG R3E 3G1

NOTE: If the child is in care, forms <u>must</u> be signed by the CFS worker before the application will be accepted.



Rehabilitation Centre for Children 1155 Notre Dame Avenue Winnipeg, MB, Canada R3E 3G1 Tel: (204) 452-4311 Fax: (204) 477-5547 Web: www.rccinc.ca email: info@rccinc.ca



CONSENT FOR PHOTOGRAPHS - FASD Summer camps July 11-13, 2018 (Form B)

Date:	-		
In connection with (Client's name):			
I consent to having photographs taken			
	cipants with a <u>printed memory album</u> of their amp and friendship experiences.		
memory album, and this proved to be	s in our FASD adolescent recreation programs agreed to a avery positive strategy. The pictures solidified with a visual way to share the summer experience with		
Using photos in <u>educational presentations</u> of the Manitoba FASD Centre or the Rehabilitation Centre for Children to promote recreational programs for youth with FASD.			
Comments/Restrictions:			
	t to expressly release from liability the hildren Inc., its agents and the photographer.		
	Name and Signature of Client (as appropriate)		
Name and Signature of Witness	Name and Signature of Legal Guardian		

Unless notified by legal guardian in writing, this form will remain valid for 2 years from the date signed.



Rehabilitation Centre for Children 1155 Notre Dame Avenue Winnipeg, MB, Canada R3E 3G1 Tel: (204) 452-4311 Fax: (204) 477-5547 Web: www.rccinc.ca email: info@rccinc.ca



Consent for Exchange of Information (Form C)

I give permission for the Rehabilitation Centre for Children (RCC), including the programs of the Manitoba Fetal Alcohol Spectrum Disorder Centre (MB FASD Centre) to send and receive information to the services listed below. I understand that the information collected and distributed below will be for the purposes of assessment, planning and developing programs for my child and used in collecting non-identifiable data for planning, and program evaluation related to the provision of services.

Program: Summer Explore camp Summer 2018 FASD Family Network and Stepping Out on Saturday Manitoba (SOS MB) Camps running July 11-13, 2018

Service/Agency (Add Name and address if known)

✓	Manitoba FASD Centre: SSCY Centre 1155 Notre Dame Ave.					
✓	✓ School & School Division:					
✓						
✓	Service Coordinator (CDS, SMD, CFS)					
✓	Program provider: Momenta: experience discover grow. PH. (204) 250-8749, Address:					
	984 Portage Ave, Winnipeg MB.					
✓	✓ Other:					
	ere anyone else that you do not want us to e	exchange information with?				
Name of Legal Guardian Name of Witness						
Signat	ture of Legal guardian	Signature of Witness				
Date:						

Unless notified by legal guardian in writing, this form will remain valid for 2 years from the date signed.

984 PORTAGE AVE.
WINNIPEG, MB R3G OR6

F / 204.808.0722

F / 204.415.4327



Program:					
Date:					
Participant Name					
Birthdate of Participant	Age	Gender/Pronoun:			
Languages spoken					
Mailing Address					
Name of Parent(s) or Guardian(s)			100000000000000000000000000000000000000		
Home Phone ()		Work or Cell Phone (_)		
Doctor's Name		Doctor's Phone ()		
Manitoba Health Number					
Emergency Contact Name		Relationship			
Home Phone ()		Work or Cell Phone ()		
Emergency Contact Name		Relationship			
Home Phone ()		Work or Cell Phone ()		if.
General Medical History					
Does participant have a history of				Van	N.
Respiratory problems				Yes	No
2. Asthma					-
3. Gastrointestinal disturbances					
4. Diabetes					
5. Blood disorders					
6. Neurological problems					
7. Seizures					
8. Dizziness, fainting					
9. Migranes					
10. Disorders of urinary tract					
11. Hypertention					
12. Cardiac problems					
13. Fractures					
14. Sprains					
15. Other joint or muscle injury					

Does participant nav	ve a history of			Yes	No
16. Allergies to foods					
17. Dietary restriction	ıs				
18. Environmental all	ergies				
19. Allergies to Medic	ations				
20. Treatment for me	nstrual cramps				
21. Pregnant					
If YES to 1-21, please	complete the next table. At	tach a separate sheet if	necessary.		
Number Specifics					
				Yes	No
				res	No
22. Is the participant	bringing medication to the	program?			
TOTTER	, , , , , , , , , , , , , , , , , , , ,				
If YES to 22, please co	omplete the next table. Atta	ch a separate sheet if n	ecessary.		
Medication	Dosage amount	Time of day	For wh	hat condit	tion
		1			
Momenta's health offic nedications below tha	cer will provide OTC medic at your child may be given if	ations for minor illness deemed necessary:	es/complaints. l	Please init	tial the
nedications below tha	cer will provide OTC medic at your child may be given if (Tylenol, Ibuprofen)	ations for minor illness deemed necessary:	es/complaints. l	Please init	tial the
nedications below thaPain/Fever Relief	at your child may be given if (Tylenol, Ibuprofen)	deemed necessary:			
nedications below thaPain/Fever ReliefAntihistamines (B	at your child may be given if (Tylenol, Ibuprofen)	deemed necessary:Topical (a	es/complaints. I	tment, Ca	
medications below tha Pain/Fever Relief Antihistamines (B Cold/Cough (coug	at your child may be given if (Tylenol, Ibuprofen) Benadryl)	deemed necessary:Topical (a	ntibacterial oin	tment, Ca	
medications below that Pain/Fever Relief Antihistamines (B Cold/Cough (coug	at your child may be given if (Tylenol, Ibuprofen) Benadryl) Th syrup, cough drops)	deemed necessary:Topical (a	ntibacterial oin	tment, Ca	lamine)
Pain/Fever Relief Antihistamines (B Cold/Cough (cough) Personal History Is the participant curr	at your child may be given if (Tylenol, Ibuprofen) Benadryl) Sh syrup, cough drops) Tently experiencing:	deemed necessary:Topical (a	ntibacterial oin	tment, Ca	lamine)
nedications below that Pain/Fever Relief Antihistamines (B Cold/Cough (cough) Personal History Is the participant currons 23. Addiction to tobace	at your child may be given if (Tylenol, Ibuprofen) Benadryl) Sh syrup, cough drops) Tently experiencing:	deemed necessary:Topical (a	ntibacterial oin	tment, Ca	lamine)
Pain/Fever Relief Antihistamines (E Cold/Cough (cough) Personal History Is the participant currons Addiction to tobace Substance abuse	at your child may be given if (Tylenol, Ibuprofen) Benadryl) Sh syrup, cough drops) Tently experiencing:	deemed necessary:Topical (a	ntibacterial oin	tment, Ca	lamine)
nedications below thaPain/Fever ReliefAntihistamines (B	at your child may be given if (Tylenol, Ibuprofen) Benadryl) Sh syrup, cough drops) Tently experiencing:	deemed necessary:Topical (a	ntibacterial oin	tment, Ca	

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Is the participant currently experiencing:	Yes	No
28. Behaviour disorder		
29. Trouble sleeping or sleep disorders		
30. Impacts from a history of trauma or a traumatic event		
If YES to 23-29 include triggers, reactions and treatment *Please note that if your child is addicted to smoking tobacco cigarettes, cigarettes and handed in on the first day of camp. Please note how you would like camp staff to manage the duration of camp.	lighters muse this addict	st be ion for
32. What is the participants' swimming level? Above Average Average Non-swim	Average	
33. Date of last tetanus shot		L XXXL
Date		





Program	
Date	

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Momenta experience discover grow's athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown physical and legal, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. I knowingly waive my right to bring any legal action for any injuries I may suffer as a result of my participation in the above activity; and,

I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Momenta experience discover grow their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT NAME	PARTICIPANT'S SIGNATURE	DATE SIGNED
WITNESS NAME	WITNESS'S SIGNATURE	DATE SIGNED
This is to certify that I, as parent/ release as provided above of all th	RITY AGE (UNDER AGE 18 AT TIME OF REG guardian with legal responsibility for this part e Releasees, and, for myself, my heirs, assigns, y and all liabilities incident to my minor child's	icipant, do consent and agree to his/her and next of kin, I release and agree to
PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE	DATE SIGNED
WITNESS NAME	WITNESS'S SIGNATURE	DATE SIGNED