



Nova Scotia Firefighters' Burn Treatment Society

Post Office Box 481, Dartmouth Main, Dartmouth, Nova Scotia, B2Y 3Y8,
 Phone/Fax (902) 835-0166, email: nsffbts@eastlink.ca,
 Web Page: www.nsffbts.ca

ADULT BURN SURVIVOR

Camp Connect Application			
<p>All questions must be filled out to the fullest for the benefit of both campers and staff. Please complete the following and return to the above address by June 30th. The application will be returned for completion if information is omitted.</p>			
Personal Information			
Name (Last)		(First)	Date Of Birth
Email Address			
Home Address			Age
City/Town			Province
Postal Code	Home Phone		Business Phone
Next of kin or person to contact in case of emergency			
Emergency Phone		Alternate	
Camper Description			
<p>In order to protect campers and staff and comply with the guidelines set forth by the NS Camping Association, we now require a physical description of everyone attending camp. In addition, a digital photograph will be taken at camp for identification purposes.</p>			
Height		Weight	
Eye colour		Hair colour	
Hair length		Hair type (curly, straight)	
Any Distinguishing features			

"Taking Pride in Helping Others"

Medical Information		
While it is not necessary to have a Doctor's examination, we strongly encourage an exam if:		
1) You have any doubts about your ability to participate in any activity.		
2) You have been exposed to any communicable disease.		
Provincial Health Card Number		
Name of Family Doctor:	Phone:	
Health History		
Have you been in contact with any contagious or infectious disease?		
Which disease(s)?	When?	
Health History (continued)		
Have you suffered from any of the following: (circle yes or no)		
Convulsions Yes No	Asthma Yes No	
Epilepsy Yes No	Seizures Yes No	
Please list all medications you will need to take while at camp (incl. dosage, frequency). Continue on back of sheet if necessary.		
Name	Dosage	Frequency
Will you be responsible for taking medication independently? (circle) Yes No		
Please Note: Camp staff/Volunteers can remind you to take your medication, but we can't administer them.		

Allergies						
Check all that apply:	Hay fever				Penicillin	
	Insect stings				Foods (specify)	
	Animals (specify)				Other (specify)	
Information Related to Burn Injury						
Date of Burn Injury				Size of Burn(%)		
Burns to which area? (check or circle all applicable)	Face/Neck				Arms	(L) (R)
	Hands	(L) (R)			Legs	(L) (R)
	Trunk/Back					
List of burn scar garments worn currently:						
List any special splints/appliances/masks worn currently:						
Are you prone to skin breakdown? (circle)				YES	NO	
Do you have any open areas at present? (circle)				YES	NO	
Location:						
The firefighters will cover the cost of one additional person attending. If you would like to bring more than one person, you will be responsible for finding accommodations for your group and covering the cost						
Will you be bringing one extra person?				YES or NO (circle)		
If YES, then who?				Relationship?		
GUESTS MUST FILL OUT A GUEST APPLICATION FORM						
You are responsible for your own transportation to camp.						
We would like to stress that smoking, drinking, and using drugs is not permitted at this camp. Anybody suspected of being under the influence will be asked to leave the camp or will be sent home.						

Waiver and Consent

The undersigned as the burn survivor attending the Nova Scotia Firefighters Burn Camp:

- Releases and waives all claims or rights of action against agents, volunteers, and employees of Camp Scotia Glen, the Q. E. II Health Sciences Centre, the Nova Scotia Firefighters' Burn Treatment Society, in any way related to the participants at camp.
- Indemnifies all the parties mentioned above from any loss, damage, or liability which they may suffer in any way related to the participant's attendance at camp.
- Consents to routine medical treatment while the participant is at camp and to the admission to hospital upon recommendation of the staff volunteers at the camp.
- Consents to be in photographs that may be used in information pamphlets for Burn Camp, or Burn Camp presentations, or may be used for media purposes.

Signature of Adult Burn Survivor

Date

CAMP CONNECT CONFIDENTIALITY POLICY STATEMENT

Camp Connect is committed to handling any personal information that we may collect in a professional, respectful, and lawful manner with the national Personal Information Protection and Electronic Documents Act (PIPEDA).

Camp Connect collects personal information (names and addresses) for the purpose of communicating information about the Camp to its camping facilities and donors; and for fundraising activities. By providing this information, camping families give consent to the collection, use and disclosure by Camp Connect of personal information in accordance with this privacy policy. Any information collected for these purposes is for the sole use of Camp Connect and will not be made available to any other organization or agency.

Camp Connect collects personal information, including pertinent health records of children and adults using the camp, for the purposes of security and safety of campers while at the camp. Such information will be kept in strict confidence and used only in the case of emergency. Camp Connect agrees that such information will be secured in locked cabinets and/or a password-protected database, used only by authorized staff.

If at any time you have any questions about your personal information, please contact our Privacy Officer Nora-Gene Goodwin at 1-902-835-0166. A copy of this Privacy Policy is available at our website: www.nsffbts.ca