

CROHN'S AND COLITIS CANADA
CAMP GOT2GO
FOR KIDS WITH CROHN'S AND COLITIS



CAMP GOT2GO Ontario Weekend Camp | Application Form

The application deadline is September 15, 2017.

All information provided remains confidential and is only shared with the Camp Got2Go nurses, Camp Coordinator, Lake St. George Field Centre program and food staff, and emergency health care professionals (in the event of an emergency).

There is a maximum file size of 20MB for all attachments combined. In order to complete this application, you must upload all three documents. Please ensure that the total file size for these three documents combined does not exceed 20MB.

Camper Full Name

First Name

Last Name

Camper Date of Birth

Month

Day

Year

Age at Camp

Gender

Male

Female

What is the Camper's primary language?

What other languages is the Camper comfortable communicating in?

Camper's Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Parent/Legal Guardian Full Name

First Name

Last Name

Relationship to Camper

Parent/Legal Guardian Home Phone

Area Code

Phone Number

Parent/Legal Guardian Cell Phone

Area Code

Phone Number

Parent/Legal Guardian Email (This will be the primary email used for communications)

Confirm Email

Parent/Legal Guardian Home Address (if different to Camper's)

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Parent/Legal Guardian 2 Full Name

First Name

Last Name

Relationship to Camper

Parent/Legal Guardian 2 Home Phone

Area Code

Phone Number

Parent/Legal Guardian 2 Cell Phone

Area Code

Phone Number

Parent/Legal Guardian 2 Email

Confirm Email

Parent/Legal Guardian 2 Home Address (If different to Camper's)

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

In order to apply to Camp Got2Go, you must provide written proof of your child's Crohn's or colitis diagnosis, and approval from your child's Gastroenterologist/GI Nurse that your child is healthy enough to attend camp. We may contact your child's Medical Provider to confirm this information and request additional relevant information regarding your child's health. This information will be kept strictly confidential.

Camper's Gastroenterologist

First Name

Last Name

Hospital/Clinic

Hospital/Clinic Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Office Number

Area Code

Phone Number

Email

Camper's GI Nurse

First Name

Last Name

GI Nurse's Email

Please scan and upload the Medical Authorization Form.

Please scan and upload the General Authorization Form.

Medical Information Assessment

Crohn's and Colitis Canada will keep a copy of all medication information submitted and recorded during camp for up to 1 (one) year in which it will then be destroyed.

Health Card Number

Please select ALL the Camper's chronic conditions

Ulcerative Colitis

If other, please describe

Year of Crohn's or colitis diagnosis

Does the camper have any allergies?

Yes

No

If yes, please list all allergies

Are any of these allergies anaphylactic?

Yes

No

If yes, does the Camper carry an Epi Pen?

Yes

No

If yes, please include any additional information regarding the camper's allergies

Does the camper use/have any of the following medical devices or equipment we should know about?

J-Pouch

Hearing Aids

Insulin Pump

Mobility devices (Wheelchair, walker, etc.)

Feeding Tube or TPN

Please include any information or instructions regarding any medical devices or equipment

Is the Camper on any of the following?

Oral medications

Vitamins and supplements

Injectable medications

Daily meal replacements (Boost, Ensure, etc.)

If on Biologic drug, date of last infusion/injection before camp

*Please note, biologics will not be administered at camp. Please ensure that the camper has their biologic injections or infusions before or after camp. Please speak to the camper's health care provider if you have any concerns.

Does the Camper's medication require the following?

Special handling

Refrigeration

Please list all the Camper's medications (including all vitamins and probiotics), the daily dose, and what time of day they are to be administered (ex: lunch, dinner, before bed)

Please include any additional information or special instructions regarding medication

Does the camper have all their up to date vaccines and boosters?

YES

NO

If not, list all missing vaccines and boosters and reason for them not being given

Dietary and Behavior Information Assessment

Please select all dietary restrictions

Vegetarian (Including all fish, poultry, and meat)

Vegan (Including all animal byproducts)

Gluten-free

Please include any information or special instructions regarding dietary restrictions

Please select if the Camper has any trouble with/needs assistance with any of the following

Bathing/showering

Eating/feeding

Toileting/bathroom

Please include any information regarding special assistance needs

Please select all that applies to the Camper's sleeping habits

Fear of the dark

Sleepwalking

Nightmares

Night terrors

Difficulty waking

Snoring

Talks in sleep

Please include any information or special instructions regarding sleeping habits

Please select all that applies to the Camper

Sensitive

Makes friends easily

Easily frustrated

Aggressive

Competitive

Participates well with others

Outgoing

Cooperative

Challenges authority

Please include any information or special instructions regarding the Camper's behavior

Additional Information

Has the Camper

Attended overnight camp before?

Attended Camp Got2Go before?

Has the Camper

Met an adult with Crohn's and colitis?

How did you learn about Camp Got2Go?

Crohn's and Colitis Canada Website

Medical Provider

Social Media

Internet Search

As part of the Camp Got2Go program photographs and videos of the campers may be taken and shared with donors, supporters, and the general public through Crohn's and Colitis Canada's promotional materials. Please indicate below if you grant Crohn's and Colitis Canada permission to retain and publish photographic images of your child for the purpose of promoting Camp Got2Go and raising awareness.

Do you consent to having pictures and videos of your child taken while at camp with the purpose of promoting Camp Got2Go and raising awareness?

YES

NO

Do you consent to having your child's story shared by Crohn's and Colitis Canada for the purpose of promoting Camp Got2Go and raising awareness?

YES

NO

Please click on the link below to complete the camper fee payment. Please note, fee payment is based on a 'pay what you can' system based on your family's financial comfort.

Camper Fees are not eligible for a tax receipt.

Having difficulties? Please contact us at info@campgot2go.ca and we will respond during regular office hours (Monday-Friday, 9am-5 pm EST).