



Registration form UNIK summer camps 2022



A leap towards a difference!

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 <https://www.facebook.com/ExperienceUnik/>

Our **UNIK CAMPS** have a positive influence on children's development and fulfilment. Our camps allow them to experience unique moments in the countryside! While having fun, they also meet new friends.

Description of our 2022 summer camps:

We offer **6 different summer camps**, each with thematic and programming.
Please mark the boxes of the UNIK CAMPS of your choice:


27th to the 30th of June 2022 - Theme: Construction .....

4th to the 8th of July 2022 - Theme: Animals around the world .....

18th to the 22nd of July 2022 - Theme: Scout/camping .....

25th to the 29th of July 2022 - Theme: Sciences .....

15th to the 19th of August 2022 - Theme: Sports .....

22nd to the 26th of August 2022 - Theme: Under the sea .....

A minimum of one thematic activity will take place per week. **It is possible that fees will apply for certain activities.**

NEW 2021-2022 REGULAR CAMPS: group for neurotypical kids (kids without special needs)
****15% discount****

COVID-19

- o If your child has symptoms, for example: fever, fatigue, etc. **Please notify us and keep your child at home.**

For your information. Please read attentively:

- 1) Our camps are at the **UNIK house 2838, Ch. Nolan, Hammond, ON**
- 2) **MAXIMUM** of 8 hours per day, the hours being from 8am to 4pm
- 3) We offer **TWO TYPES** of CAMPS:
 - a) **SPECIALISED CAMP** (group for kids with special needs)
 - 8 hour /day.....200\$
 - 7 hour /day180\$
 - 6 hour /day.....160\$
 - **Additional fees /day basic physical care.....85\$**
(Help during meals, diapers, assistance in the washroom, etc.)
 - b) **REGULAR CAMP** (group for kids without special needs) 15% discount
 - 8 hour /day.....170\$
 - 7 hour /day.....153\$
 - 6 hour /day.....136\$
- 4) **10% OFF** when you sign up **more than one child.**
- 5) A deposit (the balance of the 1st day of camp) must be paid **one week before the selected camp(s) start** to secure your child's spot.
- 6) The **payment** may be made by:
Cheque to Expérience Unik, e-Transfer or cash.
- 7) Your child **must bring a lunch box, a water bottle and sunscreen.**
- 8) A participant with **physical/aggressive behaviours**, that compromises the safety of others (educators, volunteers and/or other participants), will unfortunately not be able to participate in the Unik Camps.

Participant(s) information

1. Name and last name: _____ Date of birth: _____

Health Card Number: _____ - _____ - _____ - _____ Exp. date: _____

Address: _____

2. Name and last name: _____ Date of birth: _____

Health Card Number: _____ - _____ - _____ - _____ Exp. date: _____

Address: _____

Medical needs (Annex « A ») Anaphylaxis (Annex « B »)

Parent's or guardian's information

1. Name and last name: _____

Home number: _____

Cell number: _____

Work number: _____ Email: _____

2. Name and last name: _____

Home number: _____

Cell number: _____

Work number: _____ Email: _____

Two persons to call in case of an emergency

1. Name and last name: _____

Phone number: _____ Relationship with participant(s): _____

2. Name and last name: _____

Phone number: _____ Relationship with participant(s): _____

How did you get to know about our services/summer camps?

- Knowledge or close person (family, friend(s), employer or other)
- Employee, intern or volunteer of Expérience Unik
- Health care worker (Doctor, social worker, other)
- Website of Expérience Unik
- Publicity (FaceBook page, signs or other)
- Other _____

I have read this form and give permission to _____,
(child 1)

_____ to participate in one or more UNIK camp(s).
(child 2)

(Signature of the parent/guardian)

(Date)

(Signature of the Supervisor)

(Date)



Annex « A »

INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS

This form must be completed for a child/adult who has one or more acute or chronic** medical conditions such that he or she requires additional supports, accommodation or assistance.*

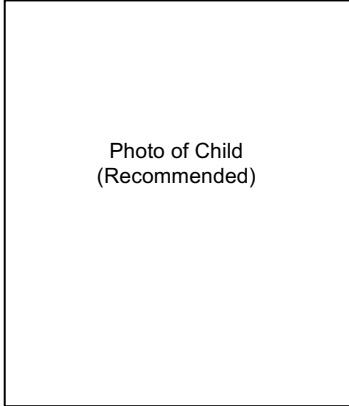
Child's Full Name:

Child's Date of Birth:
(dd/mm/yyyy)

Date Individualized Plan Completed:

Medical Condition(s):

- Diabetes Asthma
 Seizure Other:



Prevention and Supports

STEPS TO REDUCE THE RISK OF CAUSING OR WORSENING THE MEDICAL CONDITION(S): *[Include how to prevent an allergic reaction/other medical emergency; how not to aggravate the medical condition (e.g. Pureeing food to minimize choking)]*

LIST OF MEDICAL DEVICES AND HOW TO USE THEM (if applicable): *(e.g. feeding tube, stoma, glucose monitor, etc.; or not applicable (N/A))*

LOCATION OF MEDICATION AND/OR MEDICAL DEVICE(S) (if applicable): *(e.g. glucose monitor is stored on the second shelf in the program room storage closet; or not applicable (N/A))*

SUPPORTS AVAILABLE TO THE CHILD (if applicable): *(e.g. nurse or trained staff to assist with feeding and/or disposing and changing of stoma bag; or not applicable (N/A))*

Symptoms and Emergency Procedures

SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY: *[include observable physical reactions that indicate the child may need support or assistance (e.g. hives, shortness of breath, bleeding, foaming at the mouth)]*

PROCEDURE TO FOLLOW IF CHILD HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:

[Include steps (e.g. Administer 2 puffs of corticosteroids; wait and observe the child's condition; contact emergency services/parent or guardian, parent/guardian/emergency contact information; etc.)]

PROCEDURES TO FOLLOW DURING AN EVACUATION: *(e.g. ice packs for medication and items that require refrigeration; how to assist the child to evacuate)*

PROCEDURES TO FOLLOW DURING FIELD TRIPS: *(e.g. how to plan for off-site excursion; how to assist and care for the child during a field trip)*

Additional Information Related to the Medical Condition (if applicable):

[Empty box for additional information]

This plan has been created in consultation with the child's parent / guardian.

Parent/Guardian Signature:

Print name:	Relationship to child:
Signature:	Date: (dd/mm/yyyy)

The following individuals participated in the development of this individual plan (optional):

First and Last Name	Position/Role	Signature

Frequency at which this individualized plan will be reviewed with the child's parent/guardian:

Annually

Regulatory Requirement - Ontario Regulation 137/15:

Children with medical needs

- 39.1 (1) Every licensee shall develop an individualized plan for each child with medical needs who,
 - (a) receives child care at a child care centre it operates; or

(b) is enrolled with a home child care agency and receives child care at a premise where it oversees the provision of home child care or in-home services. O. Reg. 126/16, s. 27.

(2) The individualized plan shall be developed in consultation with a parent of the child and with any regulated health professional who is involved in the child's health care and who, in the parent's opinion, should be included in the consultation. O. Reg. 126/16, s. 27.

(3) The plan shall include,

(a) steps to be followed to reduce the risk of the child being exposed to any causative agents or situations that may exacerbate a medical condition or cause an allergic reaction or other medical emergency;

(b) a description of any medical devices used by the child and any instructions related to its use;

(c) a description of the procedures to be followed in the event of an allergic reaction or other medical emergency;

(d) a description of the supports that will be made available to the child in the child care centre or premises where the licensee oversees the provision of home child care or in-home services; and

(e) any additional procedures to be followed when a child with a medical condition is part of an evacuation or participating in an off-site field trip. O. Reg. 126/16, s. 27.

(4) Despite subsection (1), a licensee is not required to develop an individualized plan under this section for a child with an anaphylactic allergy if the licensee has developed an individualized plan for the child under section 39 and the child is not otherwise a child with medical needs. O. Reg. 126/16, s. 27.

Intent

This provision requires that an individualized plan be developed for each child with medical needs and that licensees take all necessary steps to support the child's medical needs and ensure his or her inclusion in the program.

The review of each individualized plan (by employees, students and volunteers) supports the child(ren)'s ability to participate in the child care program, and provides staff with all necessary information to deal with any medical situation pertaining to the child.

Disclaimer: This document is a template that has been prepared to assist licensees in understanding its obligations under the CCEYA and O. Reg. 137/15. It is the responsibility of the licensee to ensure that the information included in this document is appropriately modified to reflect the individual circumstances and needs of each home child care agency it operates and each premises where the licensee oversees the provision of home child care.

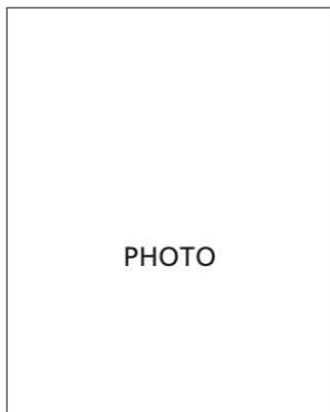
Please be advised that this document does not constitute legal advice and should not be relied on as such. The information provided in this document does not impact the Ministry's authority to enforce the CCEYA and its regulations. Ministry staff will continue to enforce such legislation based on the facts as they may find them at the time of any inspection or investigation.

It is the responsibility of the licensee to ensure compliance with all applicable legislation. If the licensee requires assistance with respect to the interpretation of the legislation and its application, the licensee may wish to consult legal counsel.

Annex « B »

Anaphylaxis Emergency Plan: _____ (name)

This person has a potentially life-threatening allergy (anaphylaxis) to:



(Check the appropriate boxes.)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Insect stings |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Medication: _____ |

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a "may contain" warning.

Epinephrine Auto-Injector: Expiry Date: _____ / _____

Dosage: EpiPen® Jr 0.15 mg EpiPen® 0.30 mg
 Allerject™ 0.15 mg Allerject™ 0.30 mg

Location of Auto-Injector(s): _____

- Previous anaphylactic reaction:** Person is at greater risk.
- Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin system:** hives, swelling, itching, warmth, redness, rash
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g., EpiPen® or Allerject™) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.)
2. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** in 5 to 15 minutes **IF** the reaction continues or worsens.
4. **Go to the nearest hospital immediately (ideally by ambulance)**, even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 hours).
5. **Call emergency contact person (e.g. parent, guardian).**

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

 Patient/Parent/Guardian Signature Date Physician Signature On file Date



Anaphylaxis Canada

