

General Camp OKI Policies

The safety of our campers is our primary responsibility. Of course, no one set of rules can be exhaustive or cover every possible situation. You must learn to use appropriate independent judgment. Always consider the safety and well-being of the campers and the positive influence you can have on the campers. If you have any doubt as to the appropriateness of an activity, consult with another volunteer or the Camp Management. Always consider the potential impact of any behaviour on the campers. The following policies must be adhered to. Violations may result in immediate dismissal.



ALCOHOL & DRUGS

- No alcohol or illicit drugs may be brought onto the camp property or on out-trips. Counsellors may not be on camp property under the influence of alcohol or any non-prescription drugs. The use of alcoholic beverages during time off is a matter of personal judgment for each staff member and volunteer. It should be clearly understood that any staff member who is coming on camp property and found to be under the influence of alcohol consumed during their time off will be immediately dismissed from all duties and escorted off camp.
- If alcohol is consumed off camp property during time off, staff and volunteers will have no interactions with any on-duty counsellor or any campers. Finally, no person should ever be in a state in which they could not fully respond to an emergency in the residence.

SMOKING

- Camp OKI is a non-smoking camp. Staff and volunteers are not permitted to smoke or use tobacco products on Camp OKI property, on overnights, trips or camp outings.

SUPERVISION

- You are on duty when you are on camp property. If you need to leave camp property, you need the permission of the Camp Management for any reason other than your time off, or to exercise before general camp wake-up. Volunteers leaving the grounds for any reason other than going on a trip or a cabin overnight must sign-out and sign-in on the designated clipboard in the office of the Med Shed. This is important so in the case of an emergency we can know your whereabouts and can look out for your safety too.
- As a Counsellor or Activity Leader, you are primarily responsible for the care and supervision of all campers assigned to you. You share responsibility for all other campers. Campers should never be left unsupervised. All accidents and/or illness(es) must be reported to the Camp Management and medical staff.

PRIVACY & CONFIDENTIALITY

- The staff and volunteers at Camp OKI have been entrusted with very private personal and medical information about our campers so that we may provide the best care possible. This information is not to be shared with others who are not intimately involved in the care of that child. Personal information that can be used to distinguish, identify or contact a specific camper (last name, phone number, address, medical status, etc.) should not be shared with other parents, visitors or outsiders.

BEHAVIOUR

- Staff and/or volunteers may never use any physical force or means to control or discipline a camper unless the use of such force (e.g. a hold) is deemed absolutely necessary to prevent considerable harm to self, camper, others or property.
- Under NO circumstances should intimidation (verbal or otherwise) be used to modify behaviour. Tone of voice or physical presence that exhibits anger or lack of patience is unacceptable.

CRISIS / EMERGENCY

In case of an emergency at camp, where media either call or arrive at camp, direct all questions to the Camp Management. Never say 'no comment' - instead respond by saying "I don't have

any information to share on that.“ or “Let me direct your question to the Camp Management.” If you have any questions about the media, ask the Camp Management.

INCIDENT REPORTING- (See appendix a, b, and c)

Keeping track of incidents as they occur is a useful way of noticing patterns and forecasting a greater problem before it arises because it establishes a case history. It also helps us to identify where our resources are needed and keep track of problems as time goes by. Finally, it is part of the record-keeping process. Often parents will call the Camp office months after the summer with questions regarding a specific incident and, without the completed Incident Report Forms, it would be impossible to answer their questions adequately. As a volunteer, you are expected to document incidents as they occur. You do not have to keep a daily log of everything that happens to your cabin group or at your activity station. You do have to document problems as they develop. Please provide as much detail as you can when completing incident report forms and try to complete them within 24 hours of the occurrence you are reporting. If you are unsure as to whether or not you need to complete the Incident Report Form, ask the Camp Management and submit the form with an outline of the details. You can always add more details later if necessary.

Land & Psychosocial

- I.e. severe homesickness, fights, discussions of death, any forms of abuse, group dynamic conflicts, etc. These reports are given to the Camp Management.

Waterfront

- The waterfront includes all water-based programs: the Splash Pad, Pool, Swim Docks, Beach,

Waterski

Program and all overnight canoe trips.

Medical

- The medical staff have their own additional Incident Report forms in conjunction with any Waterfront, Land & Psychosocial Incident Reports filed. Report all medical incidents to the Med Shed team.

Please see appendix on the back pages for Incident Report forms.

HARASSMENT POLICY

Camp OKI endeavours to be an environment where all campers and volunteers feel free from discrimination, harassment or intimidation. It is expected that all volunteers will treat all of their colleagues in such a way that enhances this goal. It is also each volunteer's responsibility to act as a role model to the campers and to ensure that they do not feel discriminated against, harassed or intimidated by volunteers or other campers.

1. Comments, jokes, remarks, or gestures that may embarrass or upset someone relating to their age, religion, race, physical appearance, physical ability, sexual orientation, culture or socioeconomic status, etc. will not be tolerated.

2. It is important to note that “non-intention” (e.g. “I didn't mean to upset him,” or “I didn't mean it like that”) are not excuses for intimidating, harassing or discriminating comments or behaviours.

It is incumbent on each of us to think about the possible interpretations or misunderstandings of words and behaviours before speaking or acting.

3. All acts of camper-to-camper discrimination, intimidation or harassment must be dealt with and reported to the Camp Management. All witnessed acts of staff acting in a way that is discriminatory, harassing or intimidating must be reported to the Camp Management.

4. Acts of intimidation, discrimination and/or harassment could lead to dismissal of staff and campers being sent home.

CHILD ABUSE POLICY

Camp OKI strives to maintain a safe environment, both emotionally and physically, for all campers. It is each staff member's duty to protect campers in the care of Camp OKI from harm and abuse. If you believe that a child has been abused, or if a child tells you that s/he has been abused, then you **MUST IMMEDIATELY REPORT THIS TO THE CAMP MANAGEMENT** and then to the Children's Child Abuse Guidelines Aid Society. Any volunteer/ staff member causing a child to suffer any form of abuse will be dismissed immediately.

Duty to Report:

Under the Child and Family Services Act, it is the duty of each staff/volunteer "who in the course of his/her professional or official duties has reasonable grounds to suspect that a child is or may have suffered abuse" to report such information. Any volunteer/staff member failing to report such abuse will be dismissed immediately.

Definitions:

•**Child Abuse:** As outlined in the Child and Family Services Act, child abuse is defined as "A state or condition of being physically harmed, sexually molested or sexually exploited. Emotional abuse can occur when a care giver permits the child to suffer from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development."

•**Sexual Abuse:** Any form of sexual activity imposed upon a child by a person in a position of power, authority and/or influence over the child.

•**Neglect:** A pattern of failures to provide the necessities of life for a child. Neglect includes abandonment, lack of medical care, inadequate nourishment, inappropriate clothing, lack of supervision and unsafe housing.

Things to Watch For:

- Physical marks on body, and/or irritation or pain in genital area
- Inappropriate sexual behaviour
- Extreme aggressiveness or hostility; abuse of others
- Changes in behaviour; extreme mood swings, passiveness, fearfulness, excessive crying
- Eating disturbances (vomiting, stomach pains, etc.)
- Regression to infantile behaviour/sleeping disturbances/nightmares
- Withdrawal and distrust; avoidance of all touching by others; reluctance to be left alone with a particular person.

Residential Emergency Procedures

EMERGENCY PREVENTION AND PREPARATION

The best way to deal with an emergency is through prevention. Campers need to know that there are rules at camp in order to ensure everyone is safe. The primary rule at OKI is that campers are not permitted to be on their own. On the first day of camp, every cabin group should sit down and talk about Emergency Procedures.

Each counselling team must ensure that their campers:

- Follows all safety rules.
- Never wanders off on their own.
- Understands the importance of not having or playing with matches or lighters.
- Does not play near water or step on docks without direct supervision by staff.
- Knows the location and use of fire/smoke alarms in their cabin building.
- Knows to go directly to the flagpole (even if they get separated from their group/staff) if they hear a building smoke alarm, camp siren or fog horn blasts (they should also know that the back up meeting spot, if the flag pole is unsafe, is the field beside the Barn).
- Understand that they do not have to wait for a volunteer's permission to leave their room or building if they smell smoke, detect a fire or hear an alarm.
- Understands the following concepts: "Stop, Drop and Roll," crawl through smokey buildings and not to open doors that are hot to the touch, knows at least 2 exits from their building, and knows how to exit from their bedroom window.

There are three main emergency procedures we prepare and practice for

1. Missing person on land
2. Missing person at waterfront
3. Fire

In the event of an emergency, the Camp Management or other appointee will be The Emergency Captain.

****The Emergency Procedures will be practiced at on-site training****

1. MISSING PERSON

If a camper goes missing from your group:

- One volunteer watches the group. This volunteer stays in one location!
- Volunteers run to retrace the steps to where the camper was last seen, then meet back at the group.
- Another volunteer runs to check the camper's cabin and then meets back at the group.
- Volunteers other than a member of the cabin team can be designated to help out.
- If the camper is not found, notify someone with a walkie-talkie. Walkie-talkies are at most activity stations, with the Camp Management and all Med Shed staff.
- Camp management sounds the air horn with 3 long blasts if a camper is not found.

When You Hear the Siren or Fog Horn

- Each cabin moves directly to the flag pole accompanied by one counsellor of that group. If the flagpole is not a safe meeting place (e.g. due to fire in a nearby building), the field beside the BARN will be the new meeting place.

- 3-4 volunteers will be assigned to supervise the campers in the dining hall. Some volunteers will be asked to remain at the Med Shed porch to fulfill certain roles (e.g. recorder, attendance marker, runner).
- All other volunteers head to the waterfront. If the search is not a water search (therefore a land search), volunteers will be redirected to the Med Shed porch to start a land search.
- Summer office manager will proceed directly to the office and start logging calls and actions.

Preliminary Land Search

- Volunteers are put in pairs
- Each pair signs in with the Search Coordinator
- Each pair gets a map with a search area
- The pair runs and checks the area calling out the camper's name in a calm fashion
- If camper is found:
 - One person runs back and notifies Emergency Captain and the other stays with the camper and performs first aid, if necessary
 - Emergency Captain cancels search on walkie-talkie and with a long fog-horn blast.
 - EMS is contacted if needed
- If camper is not found:
 - Run back to exchange search area/map (sign in and out again)

Extended Land Search

- You will be sent to your cabin to put on long pants and sturdy/closed-toe shoes and get flashlights
 - Volunteers will be assigned into colour teams of 5-6 people each by the Search Coordinator
 - Each team will have a designated leader
- Extended Land Search Sweeping Technique:**
- Stay in line and move at the same pace as the group
 - If you can find a stick, it can be useful to help move brush out of the way
 - It is important to check everywhere - look up and under, check all foliage
 - Listen to the Team Leader for directions and communicate anything unusual that you see
 - When your team reaches the end of your search area in one direction, turn around on the spot and over 5ft and start sweep again
 - Repeat this process over and over
 - Keep sweeping until the camper is found or you are told the search is off

If camper is found:

- Start First Aid if needed or bring camper to the Med Shed if safe to do so
- EMS is activated if necessary
- First person to find camper tells others on team, sends runner
- If camper is injured, the rest of the team spreads out and creates a path from injured camper to the closest edge of the woods
- Doctor follows runner to camper if necessary, following the path created by the search team
- Horn blasts end the search (camper found or not)
- Only Emergency Captain or Camp Management will initiate counsellors to return to the dining hall to pick up their campers

2. MISSING PERSON AT WATERFRONT

This will be taught and practiced at camp during mandatory on-site training.

3. FIRE AT CAMP

- Use the fire extinguisher (located in each building) if small and manageable. Put fire out.
- Notify the Camp Management
- If the fire is too big to put out:
- Get everyone out of the building
- Pull the fire alarm on the way out
- Take cabin group directly to flagpole (If unsafe move to area beside the Barn)
- A call will be made to the local volunteer fire department
- Evacuation plan will be executed by the Camp Management and Emergency Captain
- Please remind campers that prevention is the key to fire safety

ROLES AND RESPONSIBILITIES IN AN EMERGENCY

The Emergency Captain:

- Retrieves the emergency box from the office or Director's cabin and a walkie-talkie
 - Sounds the fog horn or siren in all 4 directions or pulls all alarms on
 - Assigns a runner to go to water search areas to inform searchers of details of the missing person where they were last seen
 - Assigns a recorder to note all details, actions, conditions, etc. and take photos
 - Assigns an attendance marker who is responsible for checking attendance with counsellors, activity staff and kitchen staff
 - Assigns 3-4 people to set up bingo in the dining hall for the campers
 - Dictates at what point searches are started and finished
 - Gathers all incoming information on the missing camper or emergency situation
- Attendance Marker (usually the Office Manager)
- Crosses off all people who are on-trip or off-site – using the trip list schedule and sign in and out board in the office
 - Checks in with each counselling team, activity staff, Health Care Team and checks off all people who are present

Bingo Team:

- Proceed to dining hall (or other designated spot if dining hall is not safe) and set up bingo
 - Check off cabin groups as they arrive and have them sit at their regular tables
 - Do not allow any camper to leave the building until you are informed by Emergency Captain to do so and they are being accompanied by a volunteer
 - Keep campers calm and occupied while reassuring them that we are dealing with the situation
- Cabin Counsellors, Activity Staff and Cabin Groups
- One counsellor must stay with their cabin group until they are at the flagpole and passed to another counsellor or the bingo team in the dining hall
 - Counsellors will ensure that all campers are present
 - Counsellors are to keep their campers quiet, present and listening for instructions
 - When their cabin has been fully accounted for and marked off by the "Attendance Marker," the counsellors will take their cabin group to the Dining Hall and leave them with the Bingo Team.
 - Counsellors will join the water search in progress or return to the flagpole for further instructions if it is a land search.

Team Leader for Extended Land Search:

- Know how many searchers are on your team. Set up a number count-off system before the search begins. Execute count-offs often to ensure all team members are present and safe.
- Lead the team to the location designated on the map.

- Set up and maintain the search line. The searchers should be spaced so that they can see the person on either side of them. The line should progress at a speed that is comfortable for the slowest person.
- Ensure the assigned area is being searched thoroughly and the searched area is being marked off with tape.

The Med Shed

Who We Are:

The Health Care Team at Camp OKI consists of a team of medical professionals:

- Two staff cardiologists from SickKids who specialize in cardiac disorders.
- A team of nurses, the number depends on the session – the nursing team at Camp OKI comes from the intensive care unit (ICU) and that division of cardiology at SickKids Hospital. Our nurses all have pediatric experience, and are all experts in cardiology.

What We Do:

Our first priority is the campers – the specialized skills of the Med Shed staff enable our campers to attend camp safely, and not interrupt their treatment schedules. We are all available as a resource to you while at camp and part of our role is to act as a support to you, and the work you do at camp. If you have questions or concerns about campers, we may be able to help. While being conscious of patient confidentiality, we are available to answer questions and act as educational resource - feel free to ask! We love camp too – the members of the Med Shed all understand that kids are at camp to have fun and challenge themselves to heights they never knew possible. It is our philosophy to downplay the role of the Med Shed whenever possible, and keep kids as involved in camp as possible. However, there may be times when campers must miss camp programs for medical procedures. Whenever possible, we will negotiate the best time for campers to visit so they won't miss their favourite activity. Considering the unpredictable and serious nature of cancer and its treatment, there may be times when the medical staff must make difficult decisions about the health and safety of campers. We commit to campers that this will only happen when absolutely necessary. We can help you too - if you have a medical concern arise while up at camp, please notify the Med Shed team, and we can attempt to help you. There are times when we will need to access additional help. The medical team at camp is not there to consult about pre-existing conditions, or non-urgent matters.

Below are some guidelines to keep in mind when using the Med Shed:

- The Med Shed is on site for campers.
- The Med Shed is open on a “drop-in” basis first thing in the morning, after meals and before bed for any non-urgent medical issues.
- The Med Shed staff is on call 24 hours a day for emergencies and can be located at any time through the office.
- If a camper requires a regularly-scheduled procedure, such as blood work or chemotherapy, the Med Shed staff will arrange an appropriate time to do this with the camper and his or her counselling staff.
- Campers and volunteers are discouraged from making casual visits to the Med Shed.
- Traffic will come through the front door by the office and campers will be called in by the Health Care Team from the waiting area.
- The Med Shed can get quite busy and the volunteers are encouraged to exercise their own first aid skills in treating bumps and bruises, mosquito bites (and homesickness!). There is a first

aid kit in every program area, in all cabin areas, and there is a “bumps and bruises kit” on the main floor of the Med Shed.

- The Med Shed staff is always available for consultation when the health and well-being of a camper is in question. Volunteers are encouraged to ask questions of the Med Shed staff as it pertains to Camp activities.
- Each staff member will be alerted to any special medical needs of their campers prior to the camper arriving on site. This briefing will take place during the on-site training.

Campers leaving camp:

- Sometimes campers become unwell at camp and need to go home. This can occur for numerous reasons most of which are completely out of their counsellors’ control. If a camper needs to leave, please rest assured it is not because of the care you provided.

Dealing with Disclosure and Confidentiality

What to do if a Child Reports abuse:

(Adapted from ‘What to do if a child discloses abuse’ Children’s Aid Society of Toronto, www.torontocas.ca). Discovering that a child is or may be a victim of abuse is an upsetting experience. Keeping alert to the signs child abuse requires caring vigilance. The best way to respond to a child you suspect may have been abused to listen carefully and be attentive to the child’s behaviour. Children are often cautious when disclosing abuse. They may speak using childish language or use terms that are unfamiliar to you. Some children may not say anything about the abuse but may assume that the abuse has marked them in some way that should be obvious to adults. It is for this reason that you should be aware of the physical and behavioural indicators of child abuse. If a child discloses abuse to you, it is important not to carry out an investigation yourself as this may jeopardize the case in a court of law. You should proceed as follows:

- **BELIEVE IN THE CHILD:** Accept what the child tells you despite how difficult it may be to accept the identity of the abuser or that the abuse occurred. Victims often believe they are responsible for the abuse they receive and may be hesitant to discuss the abuse. This is especially true of sexual abuse where a child feels he / she is breaking a “trust”, “telling a secret” or has been threatened. Understand that disclosing abuse can be difficult for a child, and that your relationship has allowed the child to open up to you.
- **LISTEN OPENLY AND CALMLY:** It is important to put your own feelings of anger, frustration or pain aside. Give the child your full attention and nod understandingly as the story pours out. If possible, take the child aside to an open, quiet place. Allow the child to tell what happened in his / her words. Do not press for details and do not “interview” the child.
- **REASSURE THE CHILD:** Discussing abuse can be very difficult for a child. Be supportive of the child, him or her know you will do something to help. Let the child know that what has happened is not his/ her fault and they are doing the correct thing by telling you. Do not promise that the abuser will go to jail or the child will have a new home. You may not be able to keep these promises. You can tell the child you will do your best to help him / her.
- **WRITE DOWN THE FACTS:** Record as soon as possible what the child has told you. Attempt to use the child’s own words and avoid interpreting what the child has said. Write down everything about the disclosure, no matter how insignificant it may seem at the time. Information is to be recorded on the Camp OKI ‘Land and Psychosocial’ Incident Report form. Correctly recording the information is important step in the investigation process.

- **REPORT THE DISCLOSURE:** If you believe that a child has been abused, or if a child tells you that she/he has been abused, you must report this to the Camp Management immediately. Where the allegation is directed toward a staff member or volunteer, the staff member will be required to meet with the Camp Management to discuss the allegations. An investigation may be launched by the child protection agency. During the investigation, the accused staff member will be suspended from work duties and from being at camp.

CAMPER INFORMATION / CONFIDENTIALITY

Be sensitive:

All volunteers, campers and their families have a right to privacy and to feel comfortable speaking openly without fear that the information will become gossip. The bottom line is respect for each other. Before speaking about the issue, think twice. Is sharing this story of benefit to the camper? Would sharing this story bring any harm or embarrassment? Volunteering at OKI is an experience filled with many memorable moments. When you return to your life outside of camp there are things you will want to share. Before you do consider the following:

You don't have to go it alone:

- Do not feel burdened with information. Consult with your co-counsellors, Health Care Team and the Camp Management if you need any advice or support.

Report big issues:

- We are legally and morally responsible to report some issues. If you are unsure whether a report needs to be made, always ask.

Camper issues revealed to volunteers that must be reported and documented:

- Abuse: physical, emotional, sexual and neglect
- Talk of suicide
- Family problems that may pose a risk to the camper
- Self-harm
- Talk about death
- Substance abuse by camper

Camper related issues not necessary to report:

- Medical status / information
- Embarrassing situations (e.g. crushes)
- "Stories" about camper's family life or parents

Reasons camper's full name should not be used outside of camp:

- Health status not known by others
- Information may be incorrect
- Camper's whereabouts may be confidential due to custody suits
- Camper/Family's general right to privacy

Anaphylaxis at Camp

Anaphylactic reactions are potentially life threatening conditions at camp. Please review the signs and symptoms of an anaphylactic reaction prior to arriving to camp.

WHAT DO I NEED TO KNOW AT CAMP?

- While at camp, all staff/volunteers and campers with known anaphylactic reactions will be identified to you. It is a camp expectation that everyone with such a condition will carry an EpiPen on his or her person at all times.
- It is important for you to know the location of the closest EpiPen at all times. EpiPens are kept in the camp office / Med Shed
- Contact medical staff immediately in the event of a reaction.
- The EpiPens we have at camp are appropriate for children greater than 25kg. Should we have a camper less than this weight, you will be notified of appropriate action. Please note, you will not harm a child you give a larger dosed EpiPen; if in doubt, don't wait; administer what is available.
- Time is of the essence; the sooner epinephrine is administered to a person experiencing an anaphylactic reaction, the better. Do not wait for symptoms to worsen.
- A second EpiPen may be necessary in 10 – 20 minutes in the event that symptoms do not improve or they worsen; therefore, it is important to locate a second EpiPen immediately.
- Below are instructions about the use of an EpiPen. The medical staff will review this with you, and will give you a chance to practice with a “demonstration pen” before campers arrive.

EPIPEN ADMINISTRATION PROCEDURE:

1. Grasp the EpiPen and form a fist around the unit. With the other hand, pull off the GRAY safety cap.
2. Hold the black tip near the outer thigh. Never put thumb, fingers, or hand over the black tip.
3. Swing and jab the black tip firmly into the OUTER THIGH so that the auto-injector is perpendicular (at a 90° angle) to the thigh. You will hear a click. (The EpiPen can be injected through clothing, if necessary.)
4. Hold the EpiPen firmly in place, count to 10, and then remove it from the thigh.
5. Remove the EpiPen and massage the injection area for several seconds.
6. Check the black tip:
 - If the needle is exposed, the dose has been delivered
 - If the needle is not exposed, repeat steps b through e

Incident Report Form

~Land & Psychological~

Name of reporter: _____ Position: _____
Date reported: _____

Time reported: _____ : _____ am/pm

Date of incident: _____

Time of incident: _____ : _____ am/pm

Name of Camper(s) involved (including age(s), sex(es), what cabin group(s) they belong to):

Incident: "What happened? or What was said?" (Be specific, i.e. use full names)

Type of Incident: (circle one) Minor Severe

Conditions surrounding incident: (i.e. what was it like outside, what activity were the kids engaged in, any other details that may help set the mood)

Immediate actions taken:

Follow up actions taken:

Signature: _____
USE BACK IF NECESSARY

Waterfront Incident Report Form

Name of injured person:

Age:

Male or Female:

Date of incident:

Time of Incident:

Place of incident:

Type of incident: Minor Severe Life Threatening

Description of activity at the time of incident:

Part of body injured (be as specific as possible, indicate left or right):

Description of injury / Victim's condition (be precise about changes in condition):

Drowning Near Drowning Spinal Head injury Heart attack Epileptic Fracture

Joint Injury Anaphylactic shock (food? insect?) Heat stroke Poisoning Wound

Was victim breathing? Yes No

If no, was breathing re-started? Yes No

Was there a pulse? Yes No

If no was pulse re-started? Yes No

Severe bleeding? Yes No

If yes, was bleeding controlled? Yes No

Evidence of shock? Yes No

If yes, was shock controlled? Yes No

Was CPR / First Aid given? Yes No

By whom?

Body fluid spill: Yes No

Specific Treatment:

Splinted Spinal board use Other and Detailed Description of Treatment:

Environmental conditions:

Water (temperature, visibility, waves):

Air (temperature, wind):

Deck (wet, dry):

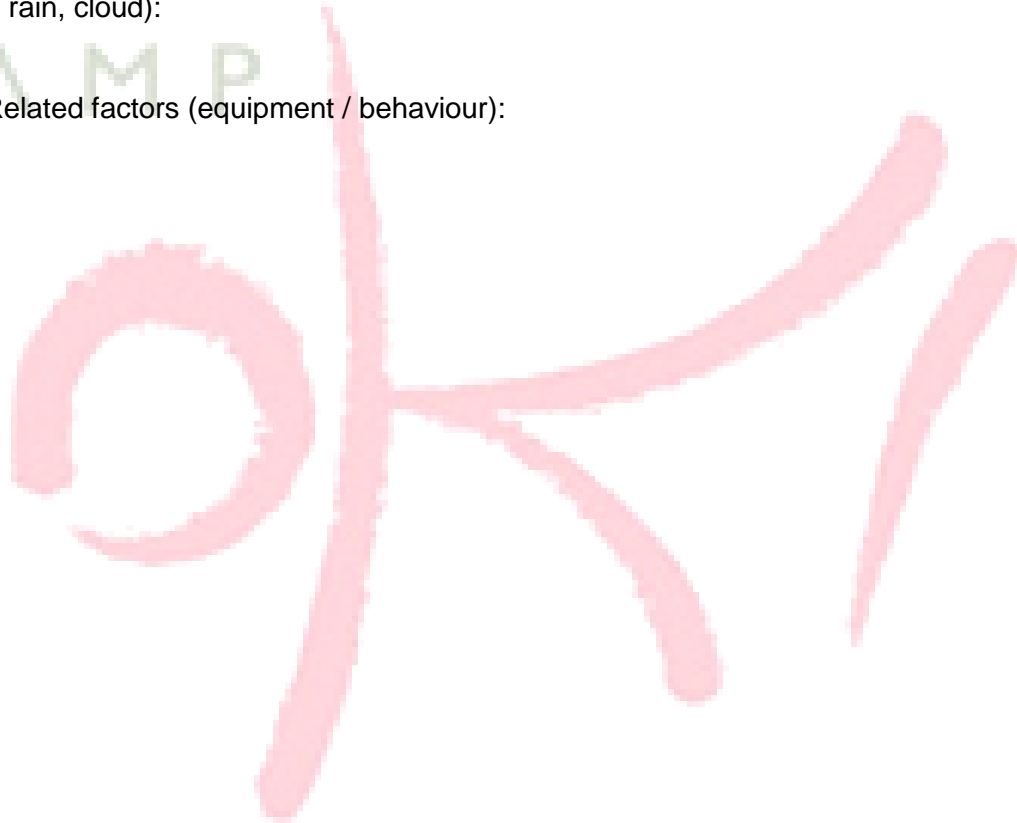
Beach (clean, cluttered):

Bottom condition (hole, drop off):

Weather (sun, rain, cloud):

Comments / Related factors (equipment / behaviour):

CAMP



Waterfront Incident Report Form (cont.)

Name(s) of rescuer(s):

Witnesses:

Opinion of rescuer(s) and witnesses as to the cause(s):

Disposal: Called medical staff

Called parent

Sent to hospital

Resumed activity

Official medical evaluation: Yes No If yes, conducted by: _____

Name and signature completing this report: _____

Follow up done: Yes No

Additional Information:

OFFICE USE ONLY

If parents / guardian contacted, details of conversation and comments:

Medical Follow Up:

Important Contact Information

Camp OKI's summer residential program is located at;

4256 Highway 141
PO Box 37
Rosseau ON P0C 1J0
Phone 705-732-6366
Fax: 705-732-6378

Camp OKI's Year Round Office is located at:

The Hospital for Sick Children
555 University Avenue
Toronto, Ontario
Canada
M5G 1X8

Rachael Baker, Camp OKI Coordinator

Rachael.baker@sickkids.ca

Phone 416-813-7654 Ex. 204529

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