



St. John Ambulance

Application to Hold a St. John Ambulance Camp

To: Community Services Department
St. John Ambulance Council for Ontario
46 Wellesley Street East
Toronto, Ontario M4Y 1G5
Fax: 416 923-4856

Application is made for permission to conduct a camp with St. John Ambulance members in attendance as described below.

Division		District	
Location of Camp (include a map and/or directions)		Telephone number of Camp	
Dates		Total number or anticipated Campers	
From:	To:	Male:	Female:
Name of Person in Charge of Waterfront activities (attach a copy of current qualifications)		Number of Adult Camp Leaders	
		Male:	Female:
Describe the emergency procedures which shall be in place for...			
Fire Drills:			
Missing Persons:			
Describe the Medical/Health Procedures			
Person(s) responsible for medications and patient care:			
Nearest Hospital and telephone number:			
Nearest Ambulance communications centre and telephone number:			

Name of Camp Leader _____ **Telephone:** _____

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Mailing Address _____ **Fax:** _____

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E-mail: _____

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Staff and Qualifications

Name:	Position:	Date of Birth:	PRC on File:	Camp Accreditation Level:

<p>Camp Fee</p> <p>The proposed camp fee is:</p> <p>\$ _____ per camper.</p>	<p>Transportation to and from the camp</p> <p>Provided by: _____</p>
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Acknowledgement of Camp Policies & Procedures

As the leader of this proposed camp, I will ensure that safe camping practices, and the Policies & Procedures regarding camping, swimming, fires, hygiene, cooking, and medical procedures are followed.

Signature	Position
Print Name in Full	Date

Approval by Provincial Commissioner or Designate

Signature	Date	Camp Registration Number

Copies of the approved camp form will be sent back to the Camp Leader and to the District level.