

# KIDVENTURES

Here are some helpful tips to read over before attending Kidventures this summer!



**Drop-Off/ Pick-Up:** Participants will be dropped off from 8:15-9am and picked up from 4:30-5pm in the main field at Prince Arthur's Landing near the playground. Please ensure you are parking in the parking lot across from the skate park and not on the road.

**Forms:** Please complete the **Medical Form, Photo/ Video Release Form & the Administration of Medication Form** (if necessary) & return them before the start of camp. Forms can be emailed to [kidventures@thunderbay.ca](mailto:kidventures@thunderbay.ca)

**Junior Inclusion Services** offers opportunities for participants of all abilities to be successful in Kidventures, through one-on-one facilitation & group support. Contact 625-3220 for more info!

## IMPORTANT THINGS TO KNOW BEFORE COMING TO CAMP!

- Please make sure you sign-in and sign-out each day with the staff.
- Children will be required to wear an identification wristband for the duration of their stay (wristbands provided).
- Children will have an opportunity to swim at the Splash Pad while they are at Kidventures.
- A newsletter will be distributed each week to let you know what's going on each week.
- SAILING at Kidventures! Depending on the weather, each camp will have the opportunity to experience sailing with a trained captain.
- We do not allow the use of electronic devices at camp. Please leave all electronics at home.
- Every Friday at Kidventures we will be hosting a FREE BBQ! Hot dogs and a treat will be provided each week!

## WHAT YOU NEED TO BRING:

- **LUNCH!** Please be considerate of allergies & provide nut free lunches & snacks. A microwave is available & Vending Machines can be used at lunch time.
- **SWIMMING GEAR!** A swim suit & towel should be packed daily!
- A face mask!
- Wear active clothing and runners so you can play your hardest!
- Sunscreen, Hat & water bottle are recommended as we are primarily outdoors.

## HOW TO CONTACT US!

Program Coordinator- 632-8797

Program Supervisor - 620-1058

Canada Games Complex Front Desk - 684-3333

**\*\*A site phone number will be on the newsletter each week.**

# Kidventures

**MEDICAL FORM**  
Kidventures 2021

NAME OF CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ BIRTH DATE \_\_\_/\_\_\_/\_\_\_  
mo day year

PARENT/GUARDIAN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

AN ALTERNATE IN CASE OF EMERGENCY \_\_\_\_\_

PHONE NO. \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE NO. \_\_\_\_\_

HEALTH CARD NO. \_\_\_\_\_

Allergies (drug, food etc.) \_\_\_\_\_

Disabilities/Special Needs

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information and suggestions regarding special needs

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please email all forms back to [kidventures@thunderbay.ca](mailto:kidventures@thunderbay.ca)

# Photo/Video Release Form



Event or Occasion: Summer Camps

Date: July 5 to August 13, 2021

Organization: City of Thunder Bay – Recreation & Culture Division

Person taking photo: Summer Camps Staff and authorized photographer

I understand that the Recreation & Culture Division of the City of Thunder Bay is compiling a photo/video library for promotional purposes.

I consent to the use of photos or video that may include myself and/or my child by the City of Thunder Bay Recreation & Culture Division for the purpose of any publicity or advertising trade, or any other lawful purposes. I waive any right to inspect or approve the finished product.

This is a photograph/video of: (child's name)

\_\_\_\_\_

I have read this release and am in full understanding of its content.

Authorization given by:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Notes: \_\_\_\_\_

Photo Id, number or description:

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION**

**This form to be attached to the child's Participant Information Form**

Date: \_\_\_\_\_  
Day/ month/ year

I \_\_\_\_\_ authorize the administration of  
Print name

\_\_\_\_\_  
Name of medication

To \_\_\_\_\_ by \_\_\_\_\_  
Child's name staff name

Or \_\_\_\_\_  
Alternate staff

**Use the following instructions:** (information to be provided by parent /guardian )

Dosage: \_\_\_\_\_ Time : \_\_\_\_\_

Storage Instructions: \_\_\_\_\_

Location of Medicine: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Specific instructions in the event of an emergency: (For example, length of time (if any) to call 911.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Health Card Number \_\_\_\_\_

Name of Physician : \_\_\_\_\_ Phone number of Physician : \_\_\_\_\_

In the event of an emergency, please provide two phone numbers where you can be contacted: # \_\_\_\_\_ or # \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

**For City of Thunder Bay Recreation and Culture Staff only.**

In the event that medication is required for an intervention, please complete the following:

Time medication was administered: \_\_\_\_\_ am / pm

Name of parent/guardian contacted: \_\_\_\_\_

Time parent/guardian was notified: \_\_\_\_\_

Signature of person administering medication: \_\_\_\_\_