

# Camp Bridges



Love builds bridges where there are none.

Camper's Name: \_\_\_\_\_

Dear Parent/Guardian,

Thank you for your interest in Camp Bridges. You will find the application package for the camp included with this letter. The camp will be held on **May 23, 24 and 25<sup>th</sup>, 2025** and will accept up to 40 applicants. The application package asks you to share information needed to make this camp experience rewarding for everyone involved. Please complete and return the entire package no later than **April 23, 2025** so that your child can be considered for the camp.

More than 40 children may apply for the camp. While we do not like to turn away any applicants, at times it may be necessary to do so. If your child is not chosen to attend the camp this year, please apply again next year. New campers are prioritized for attendance over returning campers.

After your application form is received, we will confirm with you the receipt of your application by telephone, clarify any information on the application, and provide you with more details about the camp.

Camp Bridges will be held at **Camp Circle Square Ranch, Austin, MB**. Registration for camp is from 6:30 pm – 7:00 pm on **Friday, May 23, 2025**. Supper will not be provided on Friday for your camper. Please ensure your child has something to eat prior to arrival at camp. You are invited to join your camper for a closing activity Camp starting at 12:00 pm on **Sunday May 25<sup>th</sup>, 2025**. All campers must be signed out by 12:45 pm.

While there is no charge for campers to attend Camp Bridges, you are responsible for the camper's travel to and from camp. Please be aware that if your child should need to go home prior to the scheduled pick up time, you must be available to pick up your child if we call you to do so at any time over the course of the camp. If you have any questions about the application or about Camp Bridges please call me at the phone number below. It is understandable, especially if this is your child's first time away from home, coupled with the fact that they are grieving, that you may be somewhat anxious about the weekend. We want to relieve any anxieties that you may have. I look forward to talking with you.

Sincerely,

**Carla Mitchell, MSW/RSW**

Volunteer and Bereavement Coordinator

Regional Palliative Care Team

Prairie Mountain Health

Email: [campbridges@pmh-mb.ca](mailto:campbridges@pmh-mb.ca)

Ph. 204-578-2310

Fax: 204-629-3499

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## CRITERIA FOR CHILDREN ATTENDING CAMP BRIDGES

Must be aged 7 to 15 years old

Must have experienced the death of someone close to them

Must live in Manitoba

Must complete and return the application prior to the deadline date: April 23, 2025

If more than one child per family is eligible to attend, siblings are encouraged to attend camp at the same time

After carefully considering the child's application form, the final decision of applicants accepted is at the discretion of the Camp Bridges Planning Committee.

## CAMPER APPLICATION

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Child's Name: \_\_\_\_\_

Nickname, if any \_\_\_\_\_

Family email address: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Evening Phone #: \_\_\_\_\_

	Name	Age
Siblings:	_____	_____
	_____	_____
	_____	_____

Has your child ever spent the night away from home: Yes:  No:

Has your child attended any camp in the past? Yes:  No:

If so, when and where? \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Person who will be picking up the camper at the end of camp**

**\*\*Will be required to show ID**

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

Relationship: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend Camp Bridges

(Name of camper)

and participate in all camp activities \_\_\_\_\_

(Signature of Parent/Guardian)

**Basic First Aid, such as band aids for minor scrapes or cuts, tensors and ice for minor sprains, Tylenol or Ibuprofen for a headache, medication for upset stomach will be administered by the Camp Bridges nurse.**

**Camp Bridges has my permission, \_\_\_\_\_ to administer first aid to**

(Signature of Parent/Guardian)

\_\_\_\_\_

(Name of camper)

**Person to Contact in Case of an Emergency**

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

Relationship to Child: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

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**Medical/Behavioural/Physical**

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Please complete the following:

1. Does the camper have any known allergies? Yes:  No:

Include all and explain reactions: \_\_\_\_\_

\_\_\_\_\_

Does the camper have an Epipen? Yes:  No:

If yes, please ensure that your child brings the Epipen to camp.

2. Does the camper take any medications on a regular basis: Yes:  No:

Please list all:

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**Medication Policy:**

All prescribed medications must be sent in the **ORIGINAL PRESCRIPTION BOTTLE** (please send a sufficient supply). All medications will be administered by the camp nurse. If the medication is not in the original bottle or the label is not legible **IT WILL NOT BE ADMINISTERED**. Please do not send non-prescription medication unless the camper takes them on a regular basis (i.e. Tylenol).

3. Is the camper on any special diet? Yes:  No:

Explain: \_\_\_\_\_

4. Does the camper experience asthma? Yes:  No:

Explain: \_\_\_\_\_

5. Has the camper ever had convulsions or seizures? Yes:  No:

Explain: \_\_\_\_\_

6. Does the camper have diabetes? Yes:  No:

Explain: \_\_\_\_\_

7. Does the camper experience nose bleeds? Yes:  No:

Explain: \_\_\_\_\_

8. Does the camper experience any sleeping disturbances (i.e. sleep walking, bed wetting): Yes:  No:

Explain: \_\_\_\_\_

9. Does the camper require assistance with toileting: (use of products or physical assistance)?

Yes:  No:

Explain: \_\_\_\_\_

10. How does the camper get along with others?

Explain: \_\_\_\_\_

11. Does the camper experience fears (i.e. heights, animals, dark...)? Yes:  No:

Explain: \_\_\_\_\_

12. Has the camper experienced suicidal ideation? Yes:  No:

Explain: \_\_\_\_\_

13. Has the camper engaged in self harm? (e.g. cutting, self-mutilation, branding) Yes:  No:

Explain: \_\_\_\_\_

14. Does the camper have any physical limitations? Yes:  No:

Explain: \_\_\_\_\_

15. Does the camper experience motion sickness? Yes:  No:   
 Explain: \_\_\_\_\_
16. Does the camper have any hearing impairment? Yes:  No:   
 Explain: \_\_\_\_\_
17. Does the camper wear glasses/contacts? Yes:  No:   
 Explain: \_\_\_\_\_
18. Does the camper have any other medical conditions? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Bereavement History

1. Name of the person(s) who died \_\_\_\_\_
2. Relationship to the camper \_\_\_\_\_
3. Date of death \_\_\_\_\_ (it is recommended at least three months has passed to attend camp)
4. Age of deceased at time of death \_\_\_\_\_
5. How did this person(s) die? \_\_\_\_\_  
 \_\_\_\_\_
6. Does the camper know the cause of death? Yes:  No:
7. How long was the person(s) sick? \_\_\_\_\_ What was the camper's involvement during this time?  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Was the camper present at the time of death? Yes:  No:   
 Please explain circumstances \_\_\_\_\_  
 \_\_\_\_\_
9. Did the camper attend the funeral/memorial service? Yes:  No:   
 If yes, how dd they manage: if no, why not? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Please explain how the camper shows that they are grieving (i.e. any changes in school attendance, grades, interaction with others) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Has the camper received any professional support (i.e. psychologist, psychiatrist, school counsellor, support group)? Yes:  No:  How long was the professional support provided? \_\_\_\_\_
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12. Has the camper experienced any other deaths? Yes:  No:  Please explain: \_\_\_\_\_
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13. Has there been any other changes/stresses in the camper's life (i.e. divorce, illness, relocation...) Yes:  No:  Please explain: \_\_\_\_\_
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**Thank you for taking the time to complete this form.**

Fax applications to: Camp Bridges/Regional Palliative Care Team at 1-204-629-3499

Email applications to: campbridges@pmh-mb.ca

**CONDITIONS OF ENROLLMENT:**

1. I give permission to Camp Bridges Committee to use photographs of the campers for promotional materials.
2. The parents/guardians submitting this form are those having legal custody of the child. Conditions of custody, if applicable, must be fully communicated in writing to the camp.
3. The parents/guardians, recognizing that Prairie Mountain Health will do their part to provide qualified, well-trained staff and a safe environment, agree to assume all risks, and to release, indemnify, and save harmless the Prairie Mountain Health region and, its employees and representatives (on whose behalf this agreement is made) from any injury, loss or damage that may occur to the camper or camper's property.
4. I herewith give consent for the camp administration to secure medical treatment for the camper while in their care and to arrange for professional medical treatment in the event of an emergency. I give permission for the medical staff to administer medication. I give permission for qualified staff to administer an EpiPen, if needed.
5. I will notify the camp in writing if any change occurs in the camper's health within 3 weeks prior to attending camp.
6. The information included in this application is correct, so far as I know, and the person described herein has my permission to attend Camp Bridges and participate in all camp activities.

**Date:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Signature of Parent/Guardian:** \_\_\_\_\_