



WAHNAPITAE FIRST NATION

SUMMER CAMP POLICY



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<u>Policy Type:</u>	<u>Education</u>	<u>Initially Approved:</u>	<u>BCM WFN 19/20-054</u>
<u>Policy Sponsor:</u>	<u>Education Department</u>	<u>Last Revised:</u>	<u>05/28/2024</u>
<u>Primary Contact:</u>	<u>Education Director</u>	<u>Review Scheduled:</u>	<u>05/2026</u>
<u>Band Council Motion:</u>	<u>Chief and Council BCM WFN 25/26-</u>		

Amended by **Band Council Motion: 24/25-05-49**
At Chief and Council Meeting of May 28, 2024

Amended by **Band Council Motion: 23/24-07-128**
At Chief and Council Meeting of July 25, 2023

Amended by **Band Council Motion: 23/24-05-43**
At Chief and Council Meeting of May 8, 2023

Amended by **Band Council Motion: 22/23-06-142**
At Chief and Council Meeting of June 28, 2022

Amended by **Band Council Motion: 19/20-03-190**
At Chief and Council meeting of March 24, 2020

Amended by **Band Council Motion: 19/20-054**
At Chief and Council Meeting of June 26, 2019



Wahnapiatae First Nation

Summer Camp Policy

Preamble

EDUCATION DEPARTMENT will provide a safe environment for youth summer camp with various age-appropriate, structured, healthy, cultural, educational, and social activities provided for children on site and outings.

1.0 DEFINITIONS

- a) **Band Member** – a member is a person who registered on the Wahnapiatae First Nation Band list.
- b) **Community Member** - a child or a spouse of a band member and who resides on Wahnapiatae First Nation.

2.0 REGISTRATION ELIGIBILITY REQUIREMENTS

Children 4-1~~2~~⁵ years of age may be registered to attend youth summer camp.

- a) Children must be registered to attend the Wahnapiatae First Nation summer camp.
- b) Registrations will be approved to the maximum number and the remaining registrants will be put on a waiting list.
- c) Registrants on the waiting list may be called when a space becomes available.
- d) Band member/ Community member residing on the Wahnapiatae First Nation are eligible to register as first priority.
- e) Off reserve members of Wahnapiatae First Nation are eligible to register their Child(ren) as a second priority.
- f) Wahnapiatae First Nation Employee's children are eligible to register as a third priority.
- f) All eligible registrations must be received by the deadline given that year.
- g) Late registrations will be accepted and reviewed based on the maximum registered participants.
- h) It is mandatory that parents/guardians must be oriented to the program and complete all

required forms prior to summer camper participation with no exception. (Registration & Code of conduct, Waiver offsite programming).

- i) Cell phones will be put away during programming hours.



3.0 SERVICE LIMITATIONS

- a) The summer camp program will run annually provided that program funding is available.
- b) Summer camp hours will be 9:00AM-12:00PM and 1:00PM-3:00PM Monday to Thursday.
- c) Supervision will not be provided during lunchtime.
- d) Summer camp will ~~be divided into two age categories.~~ Ages 4-12 and will be Monday through ~~Wednesday~~ Thursday. ~~Ages 12-15 will be held every Thursday providing registrations are adequate to run 12-15 group. If not 4-11 will be implemented on Thursdays.~~
- d) Youth in the ~~12-15~~ 13-15 age category may volunteer if they are not working, Monday-~~Wednesday~~ Thursday to demonstrate their leadership skills and engage positively with the younger youth.
- f) On-site, the maximum number of youth in attendance at the summer camp at any one time will be 20 youth to be supervised by a minimum of 2 staff members of WFN.
- g) Children must attend a minimum of 80% of summer programming, to attend the year end trip, unless approved by the Education Department, (i.e. Family Vacation, excused absences, etc.).
- h) Programming may be cancelled/closed due to unforeseen circumstances on short notice. Parents are required to be available for their child(ren) or have someone available if they are not.

4.0 PARENT/CHILD RESPONSIBILITIES

- a) Parents/Guardians are expected to make themselves available to be contacted at any time during the program hours or leave a contact name and number of a responsible Guardian who will be available to be contacted should there be a need. Please ensure that alternate contacts are aware of their responsibility as an alternate contact.
- b) Parents/ Guardians are expected to make themselves available to pick up their child during program hours if the Student Code of Conduct is not being followed by the Child/Youth.
- c) Parents/Guardians are welcome to volunteer or attend the program with their children at any time.
- d) Parents/Guardians are expected to demonstrate appropriate behavior in a role-model capacity while volunteering or attending during program hours.
- e) Parents/Guardians will need to specify on registration form if their child will be transporting him/herself to and from the program and sign a letter of permission for our records.

- f) Youth must be picked up by Parents/Guardians at noon and 3:00PM. Unless checked off on registration form under authorization and consent for child walking home.
- g) Parents/Guardians must give direct permission to Summer camp Supervisor/Child & Youth worker either by phone or in writing for child to leave during program hours.
- h) Parents/Guardians are responsible to keep their child(ren) home when they are sick. Parents/Guardians will be contacted to pick up child(ren) if child attends Programming and is sick.
- ~~h)i) Wahnapiatae First Nation Staff will only administer prescribed Medication with consent of Parent/Guardian.~~
- ~~h)j) Parents/Guardians must give direct permission to Summer camp Supervisor/Child & Youth worker either by phone or in writing for child to leave during program hours.~~
- ~~j) Parents/Guardians are responsible to keep their child(ren) home when they are sick. Parents/Guardians will be contacted to pick up child(ren) if child attends Programming and is sick.~~
- k) Please ensure that the Registration Form is fully completed prior to being handed in.
- l) NO verbal abuse or mistreatment of staff will be tolerated. This includes Social Media.
- m) Any concerns must be communicated directly to the Child and Youth Worker and/or Supervisor /Education Director.

5.0 SERVICES PROVIDED

- a) Various age-appropriate, structured, healthy, educational and social activities will be provided for children on site at the Gazebo and to outings which ordinarily includes snacks and supplies.

6.0 EDUCATION DEPARTMENT RESPONSIBILITIES

- a) The Education Department shall provide guidance, training and supervision for the summer students who are in a role-model capacity.
- b) The Education Department will strive to provide a safe and hazard-free facility and playground space for programming.
- c) The Education Department will be available to receive concerns and ensure appropriate measures are taken in a timely manner.
- d) Incidents of major concern will be reported, recorded and followed upon with appropriate measures in a timely manner. This will be within 24 hours.
- e) The Education staff will keep Parents/Guardians informed of activities and promptly

communicate any concerns.

- f) The Education staff will strive to provide a positive learning environment in cooperation with the parents and children.
- g) Photographs will not be published without prior written parental/guardian consent.

7.0 POLICY IMPLEMENTATION

- a) The Wahnapiitae First Nation Education Department will implement the WFN Summer Camp Policy.

8.0 APPEALS

- a) Parents may appeal any decisions of the Child & Youth ~~worker~~ Worker Supervisor in writing (signed) to the Education Director, if not satisfied with decision of Education Director forward new appeal to Executive Director.

9.0 REVIEW & AMENDMENTS

- a) This policy will be reviewed yearly by the Education Department who will make any necessary amendments and forward recommendations to Chief and Council approval.

10.0 APPENDICES

- A. WFN SUMMER CAMP REGISTRATION FORM**
- B. CODE OF CONDUCT**
- C. MEDICAL FORM**
- D. INCIDENT/INJURY REPORT**
- E. SUMMER CAMP PROTOCOL**

APPENDIX A SUMMER CAMP REGISTRATION FORM

PART A: PARTICIPANT INFORMATION

First Name: _____ Last Name: _____ Birth Date D/M/YY _____ Age _____ Gender _____

Address: _____ Health Card Number _____

PART B: FAMILY/GUARDIAN INFORMATION

Home Phone _____

Email _____

Parent 1 First Name _____

Last Name _____

Cell Phone _____

Business Phone _____

Parent 2 First Name _____

Last Name _____

Cell Phone _____

Business Phone _____

Family Address _____

Apt/Unit _____

City/town _____

Postal Code _____

PART C: ADULT EMERGENCY & AUTHORIZED PICK UP CONTACT INFORMATION

A minimum of 2 other adult emergency contacts are required. Only the adults listed below & Family Guardian will be allowed to pick up camper unless otherwise discussed with Child and Youth Worker Supervisor prior to pick-up

1 First Name _____ Last Name _____ Cell Phone _____ Business Phone _____ Relationship to Camper _____

2 First Name _____ Last Name _____ Cell Phone _____ Business Phone _____ Relationship to Camper _____

PART D: REGISTRATION

Session **Dates**

1 ☐ July 8-11, 2024

2 ☐ July 15-18, 2024

3 ☐ July 22-25, 2024

4 ☐ July 29-August 1, 2024

5 ☐ August 5-8, 2024

6 ☐ August 12-15, 2024

7 ☐ August 19-22, 2024

WAIVERS, DISCLAIMERS & CONSENT

Medical

Does child have special needs, medical conditions or allergies: ☐ YES ☐ NO

If yes, please list below (specify if your child carries an epi-pen). **WAHNAPIITAE FIRST NATION(WFN) STAFF WILL NOT ADMINISTER ANY NON PRESCRIBED MEDICATION.** WFN staff will only administer time sensitive medication, and only in blister package by pharmacist.

Provide details:

Sunscreen

- ☐ My child is unable to properly apply sunscreen to himself/herself. My child will need the assistance of an adult to apply his/her sunscreen. **Spray Sunscreen only.**
- ☐ My child can apply sunscreen himself/herself

Authorization for Outings

☐ I give permission for my child to leave the premises of Wahnapiitae First Nation (WFN) to participate in OUTINGS. I give permission to the staff of the WFN to take my child to all scheduled trip locations for the 2022 Day Camp program. I give the staff permission to take my child on OUTINGS to local parks, playgrounds and swimming pools or any other outing. I agree that my child may be transported on outings by School Bus, WFN Van or by walking. I understand that my child will be escorted and supervised by the staff of Wahnapiitae First Nation Education Department while participating in these activities

Authorization & Consent for Children Walking Home

- ☐ I give permission to have my child walk home by him/herself (if 10+ years of age)
- ☐ I give permission for my child to walk home with _____ friend or sibling must be older than 12)

Photography, Media Release & Waivers:

☐ I hereby give WFN and its partners and affiliates consent to use and reproduce my child's name/image for promotional purposes related to WFN, its member clubs and/or external partners. My child's first name (unless otherwise authorized)/image may be published or used in newsletters, newspapers, promotional videos, television commercials, program brochures, posters, on World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by WFN, and/or external partners. I release WFN and its agents from any and all claims, of any nature, based on any uses of the above.

☐ I, the parent/guardian of the child named above give permission for such child to participate in the programs and services of the WFN, and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against the WFN, the sponsors of said programs, or any of the WFN representatives, employees or volunteers, in respect to any personal injury to such child or to any other person or any loss of or damage to property, arising in any way at, from or in connection with the programs and services of the WFN. I am providing this waiver on behalf of such child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

Please list any food restrictions below: cookies, pop, candy, etc.

Code of Conduct

- ☐ Parent/Guardian had read the code of conduct and have reviewed them with child

Parent/Guardian Signature

Date



APPENDIX B

STUDENT'S CODE OF CONDUCT -Summer Camp Program

The staff of WFN Afterschool Program is committed to providing a safe and enjoyable experience for your child. However, students are also responsible to assist in these efforts. **PARENTS ARE RESPONSIBLE TO MAKE SURE THEIR CHILD UNDERSTANDS THE GUIDELINES BELOW.**

You must review this CODE OF CONDUCT!

BEHAVIOR

- Students are expected to respect Camp leaders, peers and their property.
- Any form of bullying will not be tolerated.
- Students will maintain hands off policy.
- The use of foul language will not be tolerated.
- Students must listen to their instructor or visiting instructor.
- Students must respect and protect WFN property.
- Students who choose not to participate in activities and disrupt their peers during programming, parents may be called to pick up their child.

SAFETY

- Students need closed-toe/closed-heel shoes for certain activities. Please bring appropriate footwear.
- Students may utilize the buddy system during outings.
- Students must pay attention to their surroundings and use care in all activities.
- Students will adhere to all safety rules and regulations given for each activity he/she participates in.
- Transportation on outings, bus policy and procedures will be followed.

GENERAL

- Students are expected to wear and bring appropriate clothing and must be brought home after program.
- Students must inform staff of any issues or concerns during programming so problems can be addressed and resolved immediately.
- We expect all students to have FUN and participate in the Summer Camp Program but not at the expense of others.
- Violation of the **CODE OF CONDUCT** can be grounds for automatic dismissal from program. This program is offered free of charge and is therefore regarded as a privilege and not a right.

I _____ (name) understand the Summer Camp's CODE OF CONDUCT, I agree to follow all of the above to ensure that my Summer Camp experience as well as other students in attendance is a positive one. I understand that failure to follow these rules may result in my dismissal from the program.

Student's Signature _____ Date: _____

I understand and certify that my child's participation in the WFN Summer Camp Program and its activities is completely voluntary. I have read and understand the Summer Camp policy. I reviewed and have instructed my child of the importance of knowing and abiding by the students' CODE OF CONDUCT for safety of all participants and staff.

Parent/Guardian Signature _____ Date: _____

APPENDIX C
Parental Authorization for the
Administration of Medication

Child's name: _____

Name of prescribing physician: _____

Date of birth: _____

Prescription #: _____

Name of medication: _____

Dose: _____

Date medication was prescribed: _____

My child needs this medication for: _____

Expire Date: _____

Time(s) the Wahnapiatae First Nation staff has to give medication: _____

Any Reactions: _____

Storage instructions: _____

WAHNAPIATAE FIRST NATION WILL ONLY ADMINISTER, PRESCRIBED TIME SENSITIVE MEDICATION, AND ONLY IF THE MEDICATION IS IN A BLISTER PACKAGE BY PHARMISIST.

HEALTH CENTRE RESPONSIBILITIES- OF LOCKED MEDICATION IF ON SITE, IF ATTENDING OUTINGS; MEDICATION WILL BE CARRIED BY THE SUMMER CAMP SUPERVISOR IN A LOCKED POUCH.

I, (parent, guardian) give permission to Wahnapiatae First Nation staff to administer the above noted medication to my child according to the instructions stated above.

Parent/ Guardian's Signature: _____

Date: _____

Date	Dosage	Time given	Admin by	Reasons why meds not administered	Supervisor

Each staff member who administers medication must verify his/her initials with a signature, each below once.

Initials: _____

Signature: _____

Initials: _____

Signature: _____

Initials: _____

Signature: _____

Staff comments:

DIRECTOR'S SIGNATURE: _____ DATE: _____

APPENDIX D INCIDENT/INJURY REPORT

Incident, injury, trauma and illness record

Details of person completing this record

Name: Position/role:

Date and time:/...../..... Signature:

Child details

Child's full name:

Date of birth:/...../..... Age: Gender: ☐ Male ☐ Female

Incident details

Incident date:/...../..... Time: am/pm Location:

Name of witness:(if applicable)

Witness signature: Date:/...../.....

General activity at the time of incident/injury/trauma/illness:
.....
.....

Cause of injury/trauma:
.....
.....

Circumstances surrounding any illness, including apparent symptoms:
.....
.....
.....

Circumstances if child appeared to be missing or otherwise unaccounted for (incl duration, who found child etc):
.....
.....

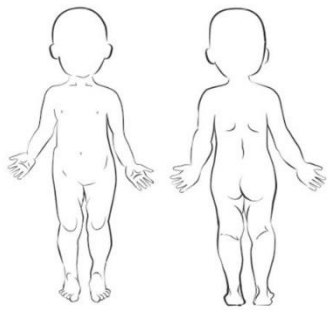
Circumstances if child appeared to have been taken or removed from service or was locked in/out of service (incl who took the child, duration):

.....

.....

Nature of injury/trauma/illness:

Indicate on diagram the part of body affected



- | | |
|---|---|
| <input type="checkbox"/> Allergic reaction (not anaphylaxis) | <input type="checkbox"/> Electric shock |
| <input type="checkbox"/> Abrasion/Scrape | <input type="checkbox"/> Eye injury |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Infectious disease (incl gastrointestinal) |
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> High temperature |
| <input type="checkbox"/> Asthma / respiratory | <input type="checkbox"/> Ingestion / inhalation / insertion |
| <input type="checkbox"/> Bite wound | <input type="checkbox"/> Internal injury / Infection |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Broken bone / fracture / dislocation | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Burn / sunburn | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Choking | <input type="checkbox"/> Seizure /unconscious/ convulsion |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Sprain / swelling |
| <input type="checkbox"/> Crush / jam | <input type="checkbox"/> Stabbing / piercing |
| <input type="checkbox"/> Cut / open wound | <input type="checkbox"/> Tooth |
| <input type="checkbox"/> Drowning (non-fatal) | <input type="checkbox"/> Venomous bite/sting |
| | <input type="checkbox"/> Other (please specify) _____ |

Action Taken

Details of action taken (including first aid, administration of medication etc.):

.....

.....

.....

Did emergency services attend? Yes / No

Was medical attention sought from a registered practitioner / hospital? Yes / No

If yes to either of the above, provide details:

.....

.....

.....

Have any steps been taken to prevent or minimize this type of incident in the future?:

.....

.....

.....

Notifications (including attempted notifications)

Parent/guardian: Time: am/pm Date:/...../.....

Director/educator/coordinator: Time: am/pm Date:/...../.....

Other agency (if applicable): Time: am/pm Date:/...../.....

Regulatory authority (if applicable): Time: am/pm Date:/...../.....

Parental acknowledgement:

I
(name of parent/guardian)
have been notified of my child's incident/injury/trauma/illness.
(Please circle)

Signature: Date:/...../.....

Additional notes:

.....

.....

.....

.....

.....

APPENDIX E

SUMMER CAMP PROTOCOL

Protocol:

- 1) If you are experiencing two or more symptoms (from the list provided below), you may not return to Summer Camp until you are 24 hours without symptoms.
 - a. Symptoms include:

- Fever or chills
- Cough
- Shortness of breath
- Decreased or loss of taste or smell
- Two or more of:
 - o Runny nose or nasal congestion
 - o Headache
 - o Extreme fatigue
 - o Sore throat
 - o Muscle aches or joint pain
 - o Gastrointestinal symptoms (such as vomiting or diarrhea)

IF YOUR CHILD IS SICK, PLEASE KEEP THEM HOME.