Wilderness Camp

Boys ages 12 – 15, residing within the boundaries of Bay County are invited to attend the 2017 Bay County Sheriff's Office Wilderness Camp.

1st Boys: June 12 - 16, 2017
2nd Boys: June 19 - 23, 2017

The Wilderness Camp is a five (5) day/four (4) night stay in the woods, where the youth will be living in cabins at the Bay County Sheriff's Office campground off J.D. Nolin Road. There they will interact with camp staff consisting of Bay County Sheriff’s Office School Resource Deputies, civilian counselors and trained medical personnel to reinforce good points. The camp prides itself on teaching positive decision making, peer mediation and proper communication skills.

Some of the activities participants will be engaging in during the week are:

***Swimming***
***Archery Safety & Competition***
***BB Gun Safety & Competition***
***Survival Skills***
***Sports***
***Challenge Course***
***Fishing***
**Airboats And Gator Show**
**Other Organized Trips**

Educational demonstrations are provided by the Bay County Sheriff’s Office and other assisting agencies.

IMPORTANT NOTES:

- The camp is completely funded by the Bay County Sheriff’s Office, therefore no expense is incurred by the parent/guardian or camper.

- Due to the space needed for new campers, those persons who have attended previous sessions will be allowed to register for another session, if space is available.

- All meals and drinks will be provided, so please DO NOT bring your own food or drink with you.
Each Camper should bring:

- toothbrush & toothpaste
- two (2) bath towels
- bath soap
- 1 pair sandals/water shoes
- bug repellent
- pillow, blanket, sheet
- 2 pair long pants (jeans work best)
- 2 long sleeve shirts
- 4 pair shorts
- 5 pair underwear
- 1 swim suit
- sun screen (if needed)
- deodorant
- prescription medications
- 5 pair underwear
- shampoo
- 1 pair sneakers
- small flashlight

************************************************************************

*** DO NOT BRING***

- Radios
- TVs
- Gameboys
- Cell phones
- Pagers
- Cameras
- Jewelry
- Money
- Lighters
- Alcohol
- Knives
- Fireworks
- Tobacco products or weapons of any kind

If these items are brought to camp, they will be taken from the camper, held until the end of session and returned to the parent/guardian, providing no criminal charges are pending.

************************************************************************

You will be notified prior to camp as to which week you will be attending.

***ALL campers will need to meet no later than:***

8:00 am on Monday morning of the week you are attending.

Front parking lot
Bay County Sheriff's Office
3421 N. Hwy 77
Panama City, Florida

Parents/Guardians will need to pick up campers
the following Friday at the Sheriff's Office
at 6:00 pm.

************************************************************************

If you have any questions or need additional information, please contact:

Lt. Myron Guilford
850-248-2203
or
Vivian Sammons
850-248-2159

***Keep This Page For Your Information***
and only Turn In The Next 2 Application Pages
Bay County Sheriff’s Office
Wilderness Camp Application

Repeat Camper [ ] yes  [ ] no

Name of Youth ___________________________  Age ______  [ ] male  [ ] female

Address ___________________________  City, State, Zip ___________________________

Phone ___________________________  Social Security Number ___________________________

Parent/Legal Guardian ___________________________

Work Phone ___________________________  Cell Phone / Pager # ___________________________

Youth Information

Any problem areas which camp staff should be aware of, Please check one.
Y/N Y/N Y/N Y/N
[ ] [ ] alcohol use  [ ] [ ] running away  [ ] [ ] fighting  [ ] [ ] gang activity
[ ] [ ] drug use  [ ] [ ] fire setting  [ ] [ ] lying  [ ] [ ] present criminal charges
[ ] [ ] tobacco use  [ ] [ ] violent behavior  [ ] [ ] defiant  [ ] [ ] past criminal charges
[ ] [ ] stealing  [ ] [ ] skipping class  [ ] [ ] threats  [ ] [ ] respect for authority

If yes to any or have other concerns, please describe: ____________________________________________________________

Has the youth ever been hospitalized for drug, alcohol or emotional problems? [ ] Yes  [ ] No.  If yes, did youth successfully complete the program? [ ] Yes  [ ] No.

Has youth ever attempted or threatened suicide: [ ] yes  [ ] no

Is youth currently on medication? [ ] Yes  [ ] No.  If so, what type? ________________________________________________________

Allergies: ________________________________________________________

Medications: ________________________________________________________

Food: ________________________________________________________

Insects: ________________________________________________________

Other: ________________________________________________________

Additional information regarding youth that may be beneficial to camp staff: ________________________________________________________

(Use back if necessary)
BAY COUNTY SHERIFF’S OFFICE
“WILDERNESS CAMP”
PROGRAM RELEASE & REGISTRATION

Name of Youth: ___________________________ DOB: ___________________________

Name of Parent/Guardian: ______________________________________________________

Address: ___________________________ City, State, Zip: ___________________________

Home Phone Number: ___________________________ Work Phone Number: ___________________________

Additional Emergency Contact:
Name: ___________________________ Phone Number: ___________________________

As the parent/guardian of ____________________________________________, I hereby agree:

1. To give permission to participate in approved camp activities, except as authorized by doctor’s orders.
2. To give the Bay County Sheriff’s Office complete authority in regard to discipline matters.
3. To give the Bay County Sheriff’s Office permission to transport my child.
4. To give permission for my child to be photographed and participate in public speaking activities.
5. To give the Bay County Sheriff’s Office permission to search my child and/or their personal belongings for contraband, at any time, during their participation in the Wilderness Camp program.
6. To give, upon request of camper, aspirin or Tylenol for headaches.

Agreed by: ___________________________ Date: ___________________________

(Signature of Parent/Legal Guardian)

AFFIDAVIT

State of Florida, County of Bay

Before me personally appeared the said ____________________________, who states that he/she executed the above instrument of his/her own will and accord, with full knowledge of the purpose thereof.

Personally known __or produced identification __. Type of ID & Number ___________________________

Sworn to and subscribed before me this _______day of _____________, 2017.

__________________________________________
(Notary Seal)

(Signature of Notary Public, State of Florida)

__________________________________________
(Print/Type or Stamp Commissioned Name of Notary Public)
Bay County Sheriff's Office
“Wilderness Camp”
Report of Medical History

Applicant’s Name: ___________________________ DOB: ________________

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Has the applicant ever had (check at left of each item)

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<tr>
<th>Item</th>
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<tr>
<td>Allergy to Drugs</td>
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<td>Jaundice</td>
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<td>Diabetes</td>
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<td>Rupture/Hernia</td>
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<td>Allergy to Bee Stings</td>
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<td>Skin Disease</td>
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<td>Epilepsy or Seizures</td>
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<td>Diphtheria</td>
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<td>Broken Bones</td>
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<td>Bleeding Tendencies</td>
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<td>Ear, Nose, Throat Trouble</td>
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<td>Stomach Trouble</td>
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<td>Head Injury</td>
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<td>Tumor, Growth, Cyst, Cancer</td>
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<td>Hay Fever</td>
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<td>Measles</td>
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<td>Trouble Sleeping</td>
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<td>Frequent Colds</td>
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<td>Mumps</td>
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<td>Frequent or Bad Dreams</td>
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<td>Pneumonia</td>
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<td>Rheumatic Fever</td>
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<td>Kidney Trouble</td>
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<td>Asthma</td>
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<td>Scarlet Fever</td>
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<td>Bowel Trouble</td>
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<td>Shortness of Breath</td>
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<td>Small Pox</td>
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<td>Bed Wetting</td>
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<td>Tuberculosis</td>
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<td>Chicken Pox</td>
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<td>Appendicitis</td>
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<td>Severe Tooth Trouble</td>
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<td>Whooping Cough</td>
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<td>Other:</td>
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<td>Eye Trouble</td>
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<td>Swollen/Painful Joints</td>
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<td>Other:</td>
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Normal | Check Each Item in Appropriate Column | Abnormal | Normal | Check Each Item in Appropriate Column | Abnormal |
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<tbody>
<tr>
<td>1.</td>
<td>Head, face, neck, scalp</td>
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<td>Heart</td>
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<td>2.</td>
<td>Nose</td>
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<td>10.</td>
<td>Vascular system</td>
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<td>Sinuses</td>
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<td>11.</td>
<td>Abdomen, viscera, hernia</td>
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<td>4.</td>
<td>Mouth, throat, teeth</td>
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<td>12.</td>
<td>Anus &amp; rectum</td>
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<td>5.</td>
<td>Ears, general</td>
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<td>13.</td>
<td>Extremities</td>
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<td>7.</td>
<td>Pupils (equality &amp; reaction)</td>
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<td>15.</td>
<td>Skin &amp; Lymphatics</td>
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<td>8.</td>
<td>Lungs, chest, breasts</td>
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<td>16.</td>
<td>General System</td>
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Allergies:

Medication: ___________________________________ Insects: ___________________________________

Food: _________________________________________ Other: _____________________________________

I [ ] do [ ] do not find the applicant fit for a strenuous camp program. The following are medical conditions or limitations to be concerned with:

__________________________________________________________________________________________

Physician’s Name (print) ________________________________ Physician’s Phone Number: _____________

Physician’s Signature ________________________________ Date _________________________________
Authorization for Medical Treatment

I/We, the undersigned, as the parents and/or guardians of (please print) child's name: ______________________, hereby consent to any and all emergency medical and surgical treatments, including anesthesia and surgical procedures, which may be deemed advisable by qualified physicians selected by agents or officials of the Bay County Sheriff’s Office. The intention thereof is to grant authority to administer and to perform examinations, treatments, anesthesia, surgical procedures and diagnostic procedures which may now, or during the course of the patient’s care, be deemed advisable or necessary by qualified physicians.

Physician’s Name ______________________ Contact Phone # ______________________

Medical Insurance Company ______________________ Policy # ______________________

Address of Insurance Company ______________________ Group # ______________________

Student’s Address ______________________ Phone ___________ Age ___

Parent/Guardian ______________________ Social Security # ______________________ Phone ___________

Business ______________________ Phone ___________

Emergency Contact if Parent/Guardian cannot be reached: ______________________, Relationship ________________

Address ______________________ Home Phone ___________ Business Phone ___________

Is your child allergic to any form of medication or anesthesia: [ ] Yes [ ] No, If yes describe: ______________________

Is your child presently under medical treatment/taking medication: [ ] Yes [ ] No, If yes describe: ______________________

____________________________ Frequency of medication ______________________

Does your religion prohibit any specified medical procedure? [ ] Yes [ ] No, If yes describe: ______________________

IN WITNESS of my consent and agreement to the matters stated above, I have subscribed my signature below.

Date:__/__/________ Signature of Parent / Guardian

State of Florida, County of ________. Sworn to and subscribed before me this _______day of ______________________, 2017,

by ______________________, who is personally known to me or who has produced ______________________
as identification.

Signature of Notary Public Typed, Printed or Stamped Name of Notary

My Commission Expires Notary Public Commission Number