



**Camrose Association for Community Living
KANDU Summer Outreach Camp 2020
Referral Form**

Kandu Outreach is a nonprofit camp welcoming families, children and youth age 0 -17.

Camp Cost 2020

Fees waived - Kandu Summer Camp is supported by the Government of Canada's Emergency Community Support Fund and Community Foundations of Canada

Schedules will be made in partnership with the family and sent out to families after registrations are complete

Camp will be available to families residing within the City and County of Camrose, Beaver County and County of Flagstaff

*** Registration is on a first come first serve basis – we will hold a waiting list**

Completed camp registration forms will be accepted at CAFCL's office at 4604-57 St

Phone – 780-672-0257

E-mail familysupport@cafcl.org

Please send referral forms as soon as possible so that details and arrangements can be made with the family.

This Program adheres to the Alberta Health Services Day Camp Guidelines relating to COVID-19

<https://www.alberta.ca/assets/documents/covid-19-relaunch-guidance-day-camps.pdf>

- Children must not attend the program if they are sick, even if symptoms are mild.
- Parent/guardian must check their child's temperature daily before accessing the program.
- Staff will conduct symptom screening of each child every day with the parent/guardian at drop off.
- If a child develops symptoms during the program, they will be isolated from the other children and the parent / guardian will be notified to pick them up immediately.
- Symptoms include: fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache, and general feeling of being unwell.
- Physical distancing practices will be maintained where possible.
- Proper and frequent hand washing will be enforced.
- Frequently touched objects will be cleaned and disinfected regularly.
- Personal protective equipment will be used by staff as appropriate / necessary.
- Activities considered to pose a high risk of transmission will be avoided. (i.e. singing, group transportation, etc.).

Referral Form

Date of Referral: _____/_____/_____ (DD-MM-YYYY)

Is the family aware of and agreeable to this referral? Yes___ No___

Is this referral Urgent? Yes___ No___

- Does the family wish to have a summer camp outreach worker come to their home to provide activities? (they will also receive a package of activities suitable to the ages of the children)

Yes___ No___

- Does the Family only want to receive a summer package suitable to the ages of their children?

Yes___ No___

Participant/Family Information

Family/Caregiver/Guardian Name (please provide two contacts if possible)

First Name_____

Last Name_____

What is their relationship to the camper_____?

Home Phone: _____ May we leave a message? Yes___ No___

Cell Phone: _____ May we leave a message? Yes___ No___

Can we text: Yes___ No___

E-mail: _____

Second person:

First Name_____

Last Name_____

What is their relationship to the camper_____?

Home Phone: _____ May we leave a message? Yes___ No___

Cell Phone: _____ May we leave a message? Yes___ No___

Can we text: Yes _____ No _____

E-mail: _____

Address: Physical land location or detailed directions to where camp will be for the kids:

County that the family resides in

City or County of Camrose _____, County of Flagstaff, _____, Beaver County _____

Campers that will be attending outreach camp:

Name _____, Age _____

Name _____, Age _____

Name _____, Age _____

Name _____, Age _____

Name _____, Age _____

Referring Professional

Name: _____

Practice/Roll with the family: _____

Address: _____

City: _____

Phone: _____

E-mail: _____

Have you spoken to the family: _____

In what ways do you believe the family could be supported by a summer camp outreach worker?