



Bay County Sheriff's Office  
**Community Services Division**



## **Wilderness Camp**

**Boys ages 12 – 15, residing within the boundaries of Bay County are invited to attend the 2016 Bay County Sheriff's Office Wilderness Camp.**

**1st Boys: June 13 - 17, 2016**

**2<sup>nd</sup> Boys: June 20 - 24, 2016**

*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\*\*\*  
\*\*\*Gun Safety & Competition\*\*\* Survival Skills\*\*\*  
\*\*\*Sports\*\*Challenge Course\*\*\*Fishing\*\*\*Canoeing\*\*\*  
\*\*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	2 pair long pants (jeans work best)	2 long sleeve shirts
two (2) bath towels	4 pair shorts	5 pair underwear
bath soap	1 swim suit	shampoo
1 pair sandals/water shoes	sun screen (if needed)	1 pair sneakers
bug repellent	deodorant	small flashlight
pillow, blanket, sheet	prescription medications	

\*\*\*\*\*

**\*\*\* 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:**

**Deputy Tom Hedges  
850-527-5050  
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
<input type="checkbox"/> <input type="checkbox"/> alcohol use	<input type="checkbox"/> <input type="checkbox"/> running away	<input type="checkbox"/> <input type="checkbox"/> fighting	<input type="checkbox"/> <input type="checkbox"/> gang activity
<input type="checkbox"/> <input type="checkbox"/> drug use	<input type="checkbox"/> <input type="checkbox"/> fire setting	<input type="checkbox"/> <input type="checkbox"/> lying	<input type="checkbox"/> <input type="checkbox"/> present criminal charges
<input type="checkbox"/> <input type="checkbox"/> tobacco use	<input type="checkbox"/> <input type="checkbox"/> violent behavior	<input type="checkbox"/> <input type="checkbox"/> defiant	<input type="checkbox"/> <input type="checkbox"/> past criminal charges
<input type="checkbox"/> <input type="checkbox"/> stealing	<input type="checkbox"/> <input type="checkbox"/> skipping class	<input type="checkbox"/> <input type="checkbox"/> threats	<input type="checkbox"/> <input type="checkbox"/> 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_, 2014.

\_\_\_\_\_  
(Signature of Notary Public, State of Florida)

**(Notary Seal)**

\_\_\_\_\_  
(Print/Type or Stamp Commissioned Name of Notary Public)

# Bay County Sheriff's Office

## "Wilderness Camp"

### Report of Medical History

Applicant's Name: \_\_\_\_\_  
Last
First
Middle

DOB: \_\_\_\_\_

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

Y	N		Y	N		Y	N	
		Allergy to Drugs			Jaundice			Diabetes
		Allergy to Bee Stings			Skin Disease			Rupture/Hernia
		Diphtheria			Broken Bones			Epilepsy or Seizures
		Ear, Nose, Throat Trouble			Stomach Trouble			Bleeding Tendencies
		Hearing Trouble			Head Injury			Tumor, Growth, Cyst, Cancer
		Hay Fever			Measles			Trouble Sleeping
		Frequent Colds			Mumps			Frequent or Bad Dreams
		Pneumonia			Rheumatic Fever			Kidney Trouble
		Asthma			Scarlet Fever			Bowel Trouble
		Shortness of Breath			Small Pox			Bed Wetting
		Tuberculosis			Chicken Pox			Appendicitis
		Severe Tooth Trouble			Whooping Cough			Other:
		Eye Trouble			Swollen/Painful Joints			Other:

Normal	Check Each Item in Appropriate Column	Abnormal	Normal	Check Each Item in Appropriate Column	Abnormal
	1. Head, face, neck, scalp			9. Heart	
	2. Nose			10. Vascular system	
	3. Sinuses			11. Abdomen, viscera, hernia	
	4. Mouth, throat, teeth			12. Anus & rectum	
	5. Ears, general			13. Extremities	
	6. Eyes, general (wears glasses)			14. Spine & Musculoskeletal	
	7. Pupils (equality & reaction)			15. Skin & Lymphatics	
	8. Lungs, chest, breasts			16. General System	

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
YY MM DD \_\_\_\_\_  
Signature of Parent / Guardian

**State of Florida, County of** \_\_\_\_\_, Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2014,

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