



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 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	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:

**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	
<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 _____, 2017.

(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 _____, 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