



St. John Ambulance

Application to Hold a St. John Ambulance Camp

To: St. John Ambulance, Council of Ontario
15 Toronto St., 8th Floor
Toronto, ON M5C 2E3
Fax: 416 923-4856

Application is made for permission to conduct a camp with St. John Ambulance members in attendance as described below

Unit	Branch
Location of Camp (include a map and/or directions)	Telephone number of Camp
Dates From: _____ To: _____	Total number or anticipated Campers Male: _____ Female: _____
Name of Person in-charge of Waterfront Activities (attach a copy of current qualifications)	Number of Adult Camp Leaders Male: _____ Female: _____
Describe the Emergency Procedures which shall be in place for.....	
Fire Drills:	
Missing Persons:	
Describe the Medical / Health Procedures	
Person(s) responsible for medications and patient care:	
Nearest Hospital and telephone number:	
Nearest Ambulance communications centre and telephone number:	

