

# PARAMEDIC TRAINING CAMP

MIDDLESEX-LONDON PARAMEDIC SERVICE







Canadian Red Cross Standard First Aid and CPR certification | Paramedic Physical Training Boot Camp Day | End of the Week Scenario and BBQ



July 17-21



Contact: Miranda Bothwell pad@mlems.ca (519) 679-5466 ext 1118

# **Paramedic Training Camp**

July 17-21 2023

Thank you for your interest in attending our Paramedic Training Camp for students. Our goal is to give students who are interested in the paramedic profession exposure in our day to day skill sets and environments. Training Camp is a week-long day camp packed with mental and physical skills that will be beneficial as a first responder. By the end of the week each student will complete and receive a 3 year Canadian Red Cross certification in First Aid and CPR, and a certificate of participation.

#### **REGISTRATION PROCESS**

Please read the following carefully. Summer Camp enrollment is first come, first served. To ensure maximum student participation participant capacity is **15 students**.

To apply by mail, please send us: **The Paramedic Training Camp Registration Package** (including the completed parental consent agreement), and tuition payment.

We will notify each applicant regarding enrollment status as soon as possible, typically within two weeks of receiving your <u>complete</u> application.

IMPORTANT: If you don't hear from us within two weeks of submitting your application, it may be incomplete; please contact us to find out what is missing.

#### **TUITION**

Paramedic Training Camp costs \$225.00 + HST (**\$ 254.25 Total**) this includes a Canadian Red Cross certification in First Aid and CPR, 2 T-shirts, and a BBQ lunch on the last day of camp. Cheques can be made payable to "Middlesex-London Paramedic Service".

#### PARAMEDIC TRAINING CAMP PROGRAM SITE

Majority of our training camp will be held at our headquarters located at 1035 Adelaide Street South.. Off- site transportation will be provided by Paramedic Training Camp staff. The week will be full of hands on training/ activities, and collaborative experiences with allied 911 agencies.

#### WHEN TO SHOW UP AND WHAT TO BRING

Camp is Monday-Friday, 9:00am- 3:00pm, with a Scenario day and BBQ on Friday. Students should bring lunch every day, wear their PTC t-shirt (will be provided on the first day), comfortable clothing and close-toed shoes, and a water bottle is highly recommended.

#### **Interest Essay**

We are asking each student to please provide an interest essay with the registration package. Please complete on the last page.

#### **COMPLETING YOUR APPLICATION**

Include the following:

☑ Program application

✓ Interest Essay

☑ Photo and consent release form

☑ Tuition Payment

☑ Completed Parental Consent Package

→ and send it to:

Middlesex- London Paramedic Service Attn: Miranda Bothwell 1035 Adelaide Street South London, Ontario N6E 1R4

Or by email to: pad@mlems.ca

#### **Prerequisite**

Upon successful enrollment into the training camp each student will receive an epin to complete the online portion of the Canadian Red Cross Standard first aid CPR/AED program. This online course must be prior to the first day of training camp. We ask that <u>ALL</u> students complete the online portion prior to the start date.

Thank you so much for your interest in our Paramedic Training Camp for students. Please do not hesitate to contact me with any questions or concerns.

Sincerely,

Miranda Bothwell A-EMCA,PCP

Public Access Defibrillator and Public Education Coordinator

## **Paramedic Training Camp Program Registration**

### 1. PRIMARY CONTACT INFORMATION

Name of Student:							
Date of Birth:	ate of Birth: Age (at the time of Camp):						
Name you prefer to be called (if	different):						
Name of School:		Grade:					
T-Shirt Size (circle one): Adult:	XS S MED LG XL XXL XXX	L					
Name of Parent/Guardian/Primar	ry Contact:						
Mailing Address:							
City:	Province:	Postal Code:					
Home Phone:							
Email address you check frequer	itiy:						
Best way to contact you? (Circle	e one) Home Phone	Cell Phone	Email				
θ Please send my paperwork via	US mail or θ Please s	end my paperwork via email					
3. EMERGENCY CONT.	ACTS (Please provide two ad	ditional people, different from	m the parent/guardian				
listed above, who would automa	tically be the first person we co	ntact)					
First Contact's Name:		Relationship:					
Home Phone:	Work/Cell Phone	ext					
Second Contact's Name:		Relationshin:					
		neiddionomp.					
Home Phone:	Work/Cell Phone	ext					

<b>J. SAFETY INFORMATION</b> (please list all known conditions so we can accommodate your tudent's needs)	
Does your student have any medical conditions, allergies, or special needs the staff should know about?	

## **Interest Essay**



I, the undersigned, hereby assigns, and those acting of the world, to use, reuse, pare by said Agent or those shape, or composite, in wused in conjunction with	on their behalf and with to bublish, republish, in conj e acting on their behalf o which I may be distorted i	their permission, the righ unction with my own or Ir with their permission, in In character or form, wh	nt and permission to co a fictitious name, any and any reproductions aether intentional or o	opyright in any part of photographs taken of thereof, in any form, therwise, and may be	
publicity, or promotion, w	• •	•		,	
I hereby release, discharge those acting on their behalt blurring, alteration, optical occur, result, or be prode product, its publication or	nalf and with their perm al illusion, or use in comp uced in the taking of sa	ission, from and against posite form, whether suc aid photographs, or by	t any liability resulting ch was intentional or	g from any distortion, otherwise, which may	
I waive the right to app therewith.	rove or inspect the pho	tograph, advertising co	py, or printed matter	used in conjunction	
I hereby warrant that I ha understand the contents t far as the above is conceri	herein. I further warrant	·		•	
Date	Signature		Print Name		
Address, City, Prov/Stat, Postal Code/Zip			Phone		
I warrant that I am the par foregoing release agreen agreement in its entirety agreement may be used fo	nent, and that I am dul and I understand its c	ly authorized to act in ontents. I hereby conse	his/her behalf. I hav	e read the foregoing	
Date	Signature		Print Name		
Address, City, Prov/Stat, Postal Code/Zip				Phone	
Witness		Print Name			