



PARTICIPANT INFORMATION

PARTICIPANT'S NAME (Please print):

LAST NAME: _____ FIRST NAME: _____

Address: _____ City _____ Postal Code _____

DATE of Birth: month / day / year Gender: _____

MEDICAL CARD NUMBER _____

If outside of Canada please provide proof of Travel Medical Insurance In the event your child requires emergency medical attention they will be transported to the nearest emergency centre by ambulance if necessary and you will be responsible for any associated costs.

PARENT/GUARDIAN Information (please print):

NAME: _____ Main Contact #: _____

Alternate #: _____ (optional)

NAME: _____ Main Contact #: _____

Alternate #: _____ (optional)

EMERGENCY CONTACT Information (if different then above):

NAME: _____ Main Contact #: _____

Alternate #: _____ (optional)

ALLERGIES, MEDICAL CONDITIONS AND/OR SPECIAL CONCERNS:

YES NO

Medical/Health Concerns:	
Medication:	
Allergies (please include severity):	Does your child carry an epi-pen? YES <input type="checkbox"/> NO <input type="checkbox"/>
Behaviour/ Special Consideration:	

AUTHORIZED PICK-UP INFORMATION

My child will be checked out of camp by myself or one of the following individuals listed below. *Please be aware that our camp staff may request/require ID be presented at pick-up if they do not recognize the person.*

NAME: _____ Main Contact #: _____

NAME: _____ Main Contact #: _____

NAME: _____ Main Contact #: _____

Are there any Custody and/or Access restrictions to be aware of: YES NO

Details: _____

SIGNATURE: _____ **DATE:** _____