



PERSONAL INFORMATION & MEDICAL RELEASE FORM

Please complete both sides of this form and return it with your signed waiver

Child's Name: _____

Gender: _____ Date of Birth: _____

Parent/Guardian 1: _____ Phone: _____

Parent/Guardian 2: _____ Phone: _____

Known Allergies:

1. _____ Severe / Life Threatening? _____

2. _____ Severe / Life Threatening? _____

3. _____ Severe / Life Threatening? _____

Medications likely to be taken during camp:

1. _____ Frequency: _____

2. _____ Frequency: _____

3. _____ Frequency: _____

Please list any other medical, emotional, physical, behavioural concerns and/or limitations:

Your child must be covered by provincial health insurance or equivalent medical insurance.

Provincial Health Insurance Number: _____

Family Physician: _____ Phone: _____

Date of last Tetanus Shot: _____

PARENT/LEGAL GUARDIAN CONSENT TO MEDICAL TREATMENT

A parent must sign next to ONE of the following statements concerning the medical treatment of your child:

☐

In the event of **any illness or injury** to my child, I give the attending physician permission to administer treatment, while continuing to contact the parent, guardian, or designated individual.

☐

In the event of a **minor illness or injury only** to my child, I give the attending physician permission to administer treatment.

☐

In the event of **any illness or injury** to my child, I do not give the attending physician permission to administer treatment until the parent, guardian, or designated individual is contacted.

EMERGENCY CONTACT LIST

1st Contact Name: _____ **Relationship** _____

Primary Phone: _____ **Secondary Phone:** _____

2nd Contact Name: _____ **Relationship** _____

Primary Phone: _____ **Secondary Phone:** _____

THIS FORM WILL BE KEPT IN THE STRICTEST OF CONFIDENCE AND WILL ONLY BE USED BY THE CAMP DIRECTOR AND THEIR IMMEDIATE DESIGNATE TO ENSURE THAT YOUR CHILD IS WELL CARED FOR, AND THAT HIS/HER NEEDS ARE CONSIDERED WHEN PLANNING CAMP ACTIVITIES.