Camper Health Form

Please print clearly. Fill out the following information accurately and thoroughly. A signature is also required.

Camper's Name: _____ Date of Birth: _____

Address _____

OHIP (Health Card) Number: _____

In case of emergency while your son/daughter/ward is at camp, please supply us with your name and contact information as well as an alternate contacts to be used if you cannot be reached.

PRIMARY CONTACT (your name & numbers):

Name: _____ Relationship to Camper: _____

Phone // Home: _____ Work: _____ Cell: _____

SECONDARY CONTACT:

Name: _____ Relationship to camper: _____

Phone // Home: _____ Work: _____ Cell: _____

Are there any health problems that may affect the campers ability to participate in camp activities?

If yes, please explain: _____

Please list any ALLERGIES below: Please note severity of these allergies and the prescribed treatment:

_____

_____

Are any of these allergies life threatening? _____

If your child needs an Epipen, he/she must have one with him/her at all times and one with the Coach

Please include any other information that would help us better care for your child (e.g., special conditions, custody considerations…):

_____

_____

Important Note: ***If your child requires medication while at camp we ask that you make arrangements to administer the medicine throughout the day. We will not administer any medicine of any type for children at camp.***

I am a legal guardian of the camper with full authority to make decisions with respect to the care, upbringing, and education of the applicant. I confirm that all of the people listed above have my full authority to pick up the applicant during or at the end of the practice, and I hereby authorize you to release the applicant into the custody of any of the above people.

I agree and comply that all of the medical information provided on this form is true and accurate – lacking nothing. I hereby release my child to the care and medical discretion of the staff at Scripture Union, the partner church and volunteers. In the event of an emergency and that no one can be contacted, my child will be taken to the hospital or a physician if deemed necessary by one of the camp staff or volunteers. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

Signature of Parent/Guardian:_____ Date:_____