



## Township of Lucan Biddulph Parks and Recreation Camps Participant Health Form:

Participant Information:		PLEASE PRINT WHEN COMPLETING THIS FORM	
Surname:	First Name:	Gender:	
Date of birth: ___/___/___ (DD/ MM/ YYYY)	Age:	Home Phone:	
Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Apt #</span> <span>Street #</span> <span>Street Name:</span> </div>			
City:		Postal Code:	
Health Card #		Version Code:	
<b>Parent/ Guardian Name:</b>		Relationship:	
Address (if different from above):		Home Phone:	
Work/ Cell Phone:		Email:	
<b>Parent/ Guardian #2 Name:</b>		Relationship:	
Address (if different from above):		Home Phone:	
Work/ Cell Phone:		Email:	
<b>Emergency Contacts:</b> These will be the only people who are allowed to pick up your child or who will be called if a parent/ guardian cannot be reached in an emergency. <b>These MUST be different contacts than Parent/ Guardians.</b> If anyone else other than those listed on this form will be picking up your child, please send a written note and hand it directly to staff.			
<b>Contact #1 Name:</b>		Relationship:	
Address:		Cell Phone:	
<b>Contact #2 Name:</b>		Relationship:	
Address:		Cell Phone:	
<b>Please Note:</b> If staff members do not recognize the people picking up your child, they will ask the individuals to show photo identification. Please ensure that all people picking up your child and are aware of this.			
I give permission for my child to walk home from this program without being signed out by an approved adult Yes ___ No ___ If yes, time of day my child can sign themselves out of the program _____			
I give permission for my child to be photographed for promotional purposes: Yes: ___ No: ___			

**Sunscreen:** Staff will assist youth with applying sunscreen, providing the following has been completed. I \_\_\_\_\_, give permission for the staff of Lucan Biddulph Day Camps to assist in the application of sun screen to \_\_\_\_\_. I understand that adequate sunscreen coverage will be my full responsibility, and not that of the staff. I also understand that I must provide a clearly labelled bottle of approved sun screen. It is to be waterproof, provide UVA/ UVB protection and have a SPF of at least 30 and must not contain peanut products.

**Trips:** \_\_\_ I give permission for my child to go with the counsellors for outings within the Town of Lucan on foot. I agree to keep indemnified the Township of Lucan Biddulph, Lucan Community Memorial Centre and its servants and agents against any liability for losses, damages, claims, demands, suits and costs arising directly or indirectly by virtue of agreement. I will be informed ahead of time of any outing planned for the upcoming week.

**Health History:**

Family Physician: _____	Phone: _____
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Date of Last Examination: \_\_\_/\_\_\_/\_\_\_ (Day/ Month/ Year)

**Allergies:** Are there any allergies, medical problems or special conditions that staff should be aware of?

\_\_\_\_\_

\_\_\_\_\_

**Carries:** Ana Kit  Yes  No EpiPen:  Yes  No

**Other Health Issues:** (Please check any applicable areas)

- |                             |                                    |                       |
|-----------------------------|------------------------------------|-----------------------|
| ___ Asthma                  | ___ Emotional/Physical Limitations | ___ Skin Conditions   |
| ___ Vision Difficulties     | ___ Hypertension                   | ___ Seizure Disorders |
| ___ Heart Disease/ Defect   | ___ Clotting Disorders             | ___ Headaches         |
| ___ Behavioural concerns    | ___ Frequent Colds/Sinus Trouble   | ___ Diabetes          |
| ___ Hearing Aids            | ___ Physical Limitations           | ___ Eating Disorders  |
| ___ Use of prosthetics/aids | ___ Other (please explain) _____   |                       |

Medication Name:	Dosage:	Administration Times:	Reason for taking:

If more space needed please fill out the back of the form.

**Authorization:**

To the best of my knowledge, my child does not have a communicable disease, and is physically able to participate in all program activities except as indicated. I give permission for this health information to be shared with the appropriate staff and outside medical personnel as necessary.

I understand that camp activities have an inherent risk factor and that all appropriate precautions will be taken for the safety of the participants. I agree to not hold the Township of Lucan Biddulph, Lucan Community Centre or any of its employees responsible in the event of an injury to my child.

I certify that this information is up to date and accurate. I will contact staff promptly, in writing, if any changes occur in the participant's health status between now and the start of the camp.

Parent/ Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 (Please print)

Date: \_\_\_\_\_

**Costs for our program must be paid upon registration. Please make cheques out to 'Township of Lucan Biddulph'**