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: ______________________________ Apt # Street # Street Name:		
City:		Postal Code:
Health Card #		Version Code:
Parent/ Guardian Name:	Relationship:	
Address (if different from above):		Mobile Phone:
Work/ Cell Phone:	Email:	
Parent/ Guardian #2 Name:	Relationship:	
Address (if different from above):		Mobile Phone:
Work/ Cell Phone:	Email:	
Emergency Contacts: 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. **These MUST be different contacts than Parent/ Guardians**. 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.		
Contact #1 Name:	Relationship:	
Address:		Cell Phone:
Contact #2 Name:	Relationship	
Address:		Cell Phone:
Please Note: 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 ____________________

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 sunscreen 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 non-aerosol sunscreen. It is to be waterproof, provide UVA/ UVB protection and have a SPF of at least 30 and must not contain peanut products.

Day 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:

Date of Last Examination: ___/___/___ (Day/ Month/ Year)

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

- ☐ No
- ☐ Yes, please specify below.

____

Carries: Ana Kit ☐ Yes ☐ No EpiPen: ☐ Yes ☐ No

If yes: Please provide details about your child's anaphylaxis, including a date and brief description of last reaction:

____

____

Other Health Issues: (Please check any applicable areas, mandatory to indicate ANY behavioural concerns.)

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

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

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

MEDICATION AT CAMP:

Prescription medication brought to camp must be in its original packaging and must be labeled with the doctor's name, child's name, dosage, schedule, route, and date. A pharmacy issued blister pack is required if your child requires 3 or more daily medications. If any medications are sent to camp with your child, camp staff must be notified, the medication must be in the original package and left with the camp staff if possible.

Authorization:

I will notify the camp if my child is exposed to any communicable diseases during the three weeks prior to my child arriving at camp. In the case of medical emergency, I understand that every effort will be made to contact the parents, guardians, or other emergency contacts I have listed in the event that I cannot be reached.

My child is 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 Biddulph Community Memorial 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'