

DAY CAMP

Camp Dates:

MEDICAL INFORMATION FORM

Participant Information:

Child's Name: _____ Gender: M F

Date of Birth : _____ Swimming Level: _____

Custodial Parents' Name: _____

Address : _____

Home Phone: _____ Work or Cell: _____

Pick-up Information:

Please indicate the full name of any adults who will be picking this child up from camp:

Please indicate if there are any adults who are not permitted by law to pick this child up from camp:

Medical Information:

Family Doctor (name and phone #) _____

HEALTH CARD#: _____ EXPIRATION DATE: _____

Medical concerns AND Allergies : (Please be specific) _____

Medications	Dosage	Frequency

Please bring all medications in their original packaging with the child's name and the dosage information clearly labeled.

Any special medical instructions must be submitted in writing with this form.

I HEREBY GRANT PERMISSION FOR THE CAMP SUPERVISOR TO ADMINISTER MEDICATIONS

TO (Child's name): _____

Furthermore, I understand that the Sackville Sports Stadium staff are not responsible for care for any medical conditions that I have not explained on this form or in attachments to this form. I also agree to inform the staff of any changes to my child's medical condition. I will also notify the staff if anything changes regarding who is permitted to pick my child up from camp.

PRINT NAME: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____