



# CAMPER INFORMATION FORM

[Please Print Clearly]



Camper #1 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female  
 Camper #2 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female  
 Camper #3 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

## CONTACT INFORMATION

Parent/guardian #1: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Parent/guardian #2: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

## MEDICAL INFORMATION

Does your child have any medical conditions, allergies or special dietary requirements?

**NO** - None of the children above any medical conditions, allergies or special dietary restrictions to be disclosed

**YES** - Please provide details below. **Additionally, please complete page #2 if required**

## PICK-UP INFORMATION

You or an authorized adult 16+ must be present to sign out the camper(s) above from camp or Chimo bus stops on each day. All parties listed in the contact information section above are authorized to sign out the camper(s). An alternate adult can be authorized to pick up the camper by completing the chart below. If your child is 10 years of age or over, you can give permission for them to sign themselves in and out of camp each day.

**NOTE: Please be prepared to present photo ID with your name on it at sign out each day.**

I give permission for my child, who is 10 years of age or older, to **sign themselves in** for each day of camp.

I give permission for my child, who is 10 years of age or older, to **sign themselves out** for each day of camp.

Yes No Signature: \_\_\_\_\_

Yes No Signature: \_\_\_\_\_

**Leaving camp before the end of the day:** If circumstances arise where your child 10 years of age or older must leave camp early, you must send a written note advising that your child is authorized to leave camp early for that specific day. Children 10 years of age or younger must be signed out by an authorized adult 16 + and present photo ID.

### Additional Authorized Adults - Must be 16+ years old

	Authorized Adults Name	Relationship to Camper	Home Number	Cell Number	Work Number
1					
2					
3					

*\*Additional authorized adults are also required to present photo ID with their name on it at sign out each day*

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# CONSENT TO ADMINISTER AN EPIPEN



[Please Print Clearly]

**Camper #1 Name:** \_\_\_\_\_

Health Card Number (optional): \_\_\_\_\_ Allergen: \_\_\_\_\_

Signs & Symptoms: \_\_\_\_\_

**Camper #2 Name:** \_\_\_\_\_

Health Card Number (optional): \_\_\_\_\_ Allergen: \_\_\_\_\_

Signs & Symptoms: \_\_\_\_\_

**Camper #3 Name:** \_\_\_\_\_

Health Card Number (optional): \_\_\_\_\_ Allergen: \_\_\_\_\_

Signs & Symptoms: \_\_\_\_\_

## AUTHORIZATION/RELEASE TO ASSIST IN ADMINISTERING AN EPIPEN®

1. I/we have requested that an EpiPen® be administered in the event of an anaphylaxis emergency. I/We understand that this will be administered by a person without medical or nursing training. I/we understand that Recreation Services program staff will only assist in the administration (participant hand on EpiPen® with staff hand over participant hand) of an EpiPen®.
2. I also understand that it is the policy of the City of Markham to transport any child who has required an **EpiPen® injection via ambulance to a hospital for immediate medical care. I give my permission for this follow-up care.**
3. I/we agreed to provide Recreation Services staff with a written, updated medical statement whenever there is a change in the physician's instructions with respect to medication
4. **I/we also agree that the participant will carry the EpiPen® on their person at all times.** Should they arrive at the program without their EpiPen®, they will be removed from program activities until a parent can arrive on site with the EpiPen® or pick up the child. **If my child is authorized to carry his/her own EpiPen® I will ensure that they wear an EpiPen® waist band otherwise I authorize their Counsellor to carry it in a fanny pack.**
5. I am fully aware that the City of Markham Recreation Services staff are in no way able to provide or promise a risk free or allergen-free environment for my child.
6. I understand that my child must wear a Medical Alert bracelet at all times while at camp

\_\_\_\_\_  
*Parent/Guardian Name (Printed)*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

*Personal information contained on this form is collected under the authority of the Municipal Act, and will be used solely to determine informed authorization/release for assistance in administering an EpiPen® to the above named camper.*