

## Norris Point and Rocky Harbour Summer Camp Program

# Medical Information Form

**Please complete this form for each child you are registering. Please print clearly.**

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

MCP# \_\_\_\_\_ exp. \_\_\_\_\_

Allergies/food sensitivities: \_\_\_\_\_

Medical conditions/special needs: \_\_\_\_\_

### Parent/Guardian information

Name: \_\_\_\_\_

Phone #: (home) \_\_\_\_\_

Phone # (work) \_\_\_\_\_

Address: \_\_\_\_\_

### Alternate Contact Person

Name: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_

Phone # (work) \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_ am the legal guardian or custodial parent of the Participant. I hereby give my permission to the Summer Day Camp Program, its Recreation Coordinator and Recreation Leaders, to provide basic first aid or procure medical treatment for my child in case of injury or accident or otherwise by a nurse, doctor, hospital or clinic chosen by the Summer Day Camp Program and/or its employees. I agree to be responsible for any and all costs associated with such treatment. I understand that efforts will be made to contact me as soon as possible at the numbers I have provided. Although it is understood that the Summer Day Camp Staff will endeavor to provide the maximum supervision possible, those staff persons are in no way responsible for the injuries to my child.

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

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

**Original to be Kept on File and a copy scanned to the Registration lead**