

# CAMPER INFORMATION FORM

## CAMPER INFORMATION

CAMPER'S NAME:

First Week - Camp Location:

Gender: Male  Female  Other

Email Address:

Home Phone #:

## PARENT/GUARDIAN INFORMATION

Mother's Name:

Mother's Business #:

Mother's Cell #:

Father's Name:

Father's Business #:

Father's Cell #:

Guardian's Name:

Business #:

Cell #:

## EMERGENCY CONTACT INFORMATION (In the event a Parent/Guardian cannot be reached)

Emergency Contact Name:

Home Phone:

Relationship to Child:

Cell #:

## SPECIFICS ABOUT THE CHILD

Most recent swimming level or ability:

Does your child have asthma?  No  Yes *Please Specify:* \_\_\_\_\_  
Do they carry an inhaler? Where will it be kept? *Location:* \_\_\_\_\_

Does your child have allergies?  No  Yes *Please Specify:* \_\_\_\_\_  
If Yes, are they life threatening?  No  Yes *Please Specify:*  Nuts  Bee Sting  Other \_\_\_\_\_

Does your child require the use of an auto-injector for allergic reactions?  No  Yes  
Where will it be kept? *Location:* \_\_\_\_\_  
(If yes, you'll need to complete a Consent for Administration and Emergency Allergy Alert Photo I.D. form – which can be done on the first day of camp)

Is your child currently taking any medications?  No  Yes  
*Please Specify:* \_\_\_\_\_  
(If yes, you need to complete an Administration of Medication Form and Waiver – which can be done on the first day of camp)

Has your child ever sustained a concussion?  No  Yes *Date:* \_\_\_\_\_  
*Please specify any concerns:* \_\_\_\_\_

Are there any emotional or social concerns that we should be aware of that may limit full participation in the above program?  
 No  Yes *Please Specify:* \_\_\_\_\_

Does your child have any special needs (Medical, Physical, Behavioural)  No  Yes  
*Please Specify:* (✓NO or YES and provide additional details if applicable)  
 Behavioural issues, ADD or ADHD  No  Yes (if yes, please list below) \_\_\_\_\_  
 Visual Impairment:  No  Yes \_\_\_\_\_  
 Hearing Impairment:  No  Yes \_\_\_\_\_  
 Physical Impairment:  No  Yes \_\_\_\_\_  
 Developmental Delay:  No  Yes \_\_\_\_\_  
 Seizure Disorder:  No  Yes \_\_\_\_\_  
 Cardiac Condition:  No  Yes \_\_\_\_\_

**DISMISSAL \* All persons picking up a child from camp must show Identification daily**

My child will:

- Walk home alone (if over the age of 10 years) OR  Walk home with a sibling (name of sibling): \_\_\_\_\_
- Be picked up by: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Be picked up by: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Be picked up by: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*\*For Emergency Purposes Only - Please complete the following and ATTACH CAMPER PHOTO:**  
(If you prefer, a photo can be taken upon arrival to camp and kept on site for the purposes of this form only)

DESCRIPTION	CAMPER'S INFORMATION
Age/Birth Date	
Weight	
Height	
Skin Colour (Pale/Fair, Olive, Tan/Warm, Dark...)	
Hair Colour	
Eye Colour	
Distinguishing Features	

**PERMISSIONS**

By checking off the following, I, (Parent/Guardian) \_\_\_\_\_  
verify all information below is correct and give permission for my child (insert name) \_\_\_\_\_  
to participate in the following, while attending the Town of New Tecumseth Day Camp programs.

- To be photographed and release the digital files to the Town of New Tecumseth for promotional matters.
- To be able to go walking to an offsite location as a group with the Town of New Tecumseth Camp program and staff.
- To travel by bus with the Town of New Tecumseth Camp program and staff (when applicable).
- To receive the application of sunscreen while attending the Town of New Tecumseth Camp program (when applicable).
- I have read and understand the BEHAVIOUR GUIDELINES as indicated in the outline made available to me.

**\*\*Should there be any questions or concerns, please speak with Camp Staff on site or reach out to [camp@newtecumseth.ca](mailto:camp@newtecumseth.ca)\*\***

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

\_\_\_\_\_  
Date

**PLEASE ✓ ANY ADDITIONAL CAMPS THE CHILD WILL BE ATTENDING and  
HAVE THE PARENT/GUARDIAN INITIAL and  
DATE IF THE INFORMATION IN THIS FORM REMAINS ACCURATE EACH WEEK:**

WEEK #2 LOCATION:	WEEK #3 LOCATION:	WEEK #4 LOCATION:	WEEK #5 LOCATION:
WEEK #6 LOCATION:	WEEK #7 LOCATION:	WEEK #8 LOCATION:	WEEK #9 LOCATION:
EXTENDED CARE-AM:	EXTENDED CARE-PM:	EXTENDED CARE-AM/PM	