

Camp Inner-Change

Registration Form

CAMPERS NAME _____

CAMPERS AGE _____ CAMPERS BIRTH DAY _____

Male _____ Female _____ Email Address _____

Mailing Address _____ City _____

Prov. _____ P/C _____ Work # _____ Home # _____

Choice of Room / Team Mate _____

Name of Emergency Contact _____ Phone # _____

Medical Information (Please check all that apply and explain in detail on the lines provided below)

_____ Asthma _____ Epilepsy _____ Diabetes _____ Allergies (bee sting, peanut, other food) _____ Bed Wetting _____ ADD /ADHD

Will your child require medication at camp? _____ Yes _____ No

Does your child have any learning, emotional or physical challenges? _____ Yes _____ No

Has your child received a tetanus shot within the last 5 years? _____ Yes _____ No

Health Card # _ _ _ _ - _ _ _ - _ _ _

Doctors Name _____ Doctors Phone # _____

Medical Information Details _____

I consent to my child being taken off the camp grounds for a day trip. I consent to my child's photo being taken for camp promotional purposes. I understand that while every reasonable precaution shall be taken to ensure the good welfare and protection of each camper, the camp, it's directors, staff members, nurses and counselors are released from any and all liability in the event of personal loss or injury. In the event of a medical emergency, I understand that every effort will be made to contact parents / guardians. In the event I cannot be reached or to contact me would mean a significant delay in treatment, I give permission to the staff, to secure the services of a licensed professional to provide the care necessary including any anaesthetic or surgery, for my child's well being. In the event that my child should require basic medical treatment (ie. sore throat, lice treatment, rash, earache) I give my permission to the staff to secure proper treatment.

Parent or Guardian's Name _____ Date _____

Signature _____

Please ensure that any **medicine** coming to camp with your child is **properly labeled, and in its original container.**

All medication must be checked in with the nurse upon registration. Thanks for your co-operation.