

Participant Information Form

Camp Location: _____

CONTACT INFORMATION

Child's Name: _____ Date of Birth: _____ Gender: M F

Parent's/Guardian's Name: _____ Emergency Contact: _____

Home Phone: _____ Cell/Work Phone: _____

Home Phone: _____ Cell/Work Phone: _____

Address: _____ City, Postal Code: _____

Relationship to Child: _____

MEDICAL INFORMATION

Care Card Number _____ Doctor's Name _____

Doctor's Phone Number _____

Allergies: Yes No

If yes, what are they: _____

Special Health Considerations: _____

Is there anything we can do to make your child's camp experience more enjoyable?

ADDITIONAL INFORMATION

Individuals permitted to pick-up my child from program:

Name: _____

Home Phone: _____

Cell/Work Phone: _____

Name: _____

Home Phone: _____

Cell/Work Phone _____