

# Participant Information Form

**CAMP LOCATION:** \_\_\_\_\_

## CONTACT INFORMATION

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

Relationship to Child: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Parent's / Guardian's Name: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, Postal Code: \_\_\_\_\_

## MEDICAL INFORMATION

Care Card Number \_\_\_\_\_ Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_ Allergies: Yes No

If yes, what are they: \_\_\_\_\_

*If my child does not have a Valid BC Care Card, and my child needs medical care, I authorize them to be taken to the nearest emergency center, including by ambulance, and acknowledge that I am responsible for any associated costs. Yes No*

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 \_\_\_\_\_