

# Trent Summer Sports Camp - 2012 Season

## Camper Health & Personal Information Form

office use only

session	c. group
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This form must be completed each year and returned to the Camp Office before the start of camp.  
Your specific comments and information will be shared in confidence with camp staff so we may be sensitive to your child's needs and unique characteristics.

Camper's Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Ontario Health Card # \_\_\_\_\_ *If you reside outside of Ontario: please attach copy of insurance or health coverage*

**Allergies** (food, drugs, environmental)  none known or: \_\_\_\_\_

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**Medication or treatments** required while at camp:  none required or: \_\_\_\_\_

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**Special Needs, Limitations, or Other General Information** to be shared with Camp Staff \_\_\_\_\_

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**Swimming:** *It is our practise to test each camper's swimming ability. If you require your son/daughter to wear a lifejacket please check here*

LIFEJACKET REQUIRED *and they will not be tested.*

Other restrictions or comments about swimming abilities: \_\_\_\_\_

**Pick Up List:** Please list individuals who may pick up this camper from camp during the session, (parents and/or guardians are automatically included unless otherwise noted) \_\_\_\_\_

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**Family/Emergency Contact Information** (please feel free to attach a note concerning custody arrangements, if applicable)

Parents or Guardians: \_\_\_\_\_

Daytime telephone # (mother) \_\_\_\_\_ (father) \_\_\_\_\_

Emergency Contact (if parents are unavailable) \_\_\_\_\_ Phone # \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

My signature below confirms permission for my child to fully participate in all activities at the Trent Summer Sports Camp, including those supervised trips and programs not on camp property. Any and all factors which would prevent or limit his/her full participation in all camp activities have been noted, and disclosed to camp staff. In the case of emergency, and I/we are not immediately available for consultation, I hereby give permission to the Physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injections, anaesthesia or surgery for the above-named child. I also authorize my child's family physician or specialist who may be currently treating my child to release any medical information concerning my child's previous or current medical history or condition to the Director of the Camp and/or any Physician selected by them to treat my child pursuant to the authorization given herein. I further agree to the sharing of personal information about my child with the appropriate camp staff and those associated with the operation of the camp, at the discretion of the Director.

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

\_\_\_\_\_  
Date



trent  
summer  
sports  
camp