



London
CANADA

Storybook Gardens



DAY
CAMP

PARTICIPANT INFORMATION AND HEALTH HISTORY FORM FOR CAMP

INSTRUCTIONS: Please complete this form and submit **online to storybookdaycamp@london.ca** **the week before** your child's first day of camp.

The personal information collected on this form is collected under the authority of the Municipal Act and will be used to administer the summer recreation program that your child is enrolled in. Questions about this collection should be addressed to the Manager of Storybook Gardens, Parks & Recreation, 1958 Storybook Lane, N6K 4Y6, or by calling (519)-661-5770.

PARTICIPANT INFORMATION			
Surname:		First Name:	
Gender:	Age:	Date of Birth: (DD/MM/YYYY)	
Address:		City:	Postal Code:
Parent/Guardian #1 Name:		Relationship:	Phone Number:
Parent/Guardian #2 Name:		Relationship:	Phone Number:
EMERGENCY CONTACT INFORMATION			
Please list anyone and everyone who will be picking your camper up from camp. Note: parents/guardians listed above do not			
Contact #1 Name:		Relationship:	Phone Number:
Contact #2 Name:		Relationship:	Phone Number:
Contact #3 Name:		Relationship:	Phone Number:
**PLEASE NOTE: IF STAFF DO NOT RECOGNIZE THE PEOPLE PICKING UP YOUR CHILD, THEY WILL ASK FOR PHOTO IDENTIFICATION. PLEASE ENSURE THAT ALL PEOPLE PICKING UP YOUR CHILD ARE AWARE OF THIS.			
I give permission for my child to be photographed for promotional purposes:		<input type="radio"/> Yes	<input type="radio"/> No
I give permission for my child to be photographed for parent updates through SeeSaw:		<input type="radio"/> Yes	<input type="radio"/> No
It is a City of London policy to allow staff to assist participants with the application of sunscreen, provided the following has been completed:			
I _____ [Parent/Guardian], give permission for the staff of Storybook Gardens Day Camp to assist in the application of sunscreen to _____ [Camper].			
I understand that adequate sunscreen coverage will be my full responsibility, and not of the staff. I also understand that I must provide a clearly labelled bottle of approved sunscreen. We recommend that sunscreen be waterproof, provide UVA/UVB protection and have a SPF of at least 30, and that it contain no peanut products .			

Please see other side for Health History

HEALTH HISTORY

A physician's signature is not required on this form, however, we strongly encourage the participant to have a yearly physical check-up by your family doctor. One annual physical check-up is covered by OHIP.

Family Physician:	Phone:
Date of last examination (DD/MM/YYYY):	Health Card Number:

Allergies:

Drugs: _____

Food: _____

Insect Stings or Bites: _____

Seasonal Allergies: _____

Other: _____

Reactions: _____

Carries:

Ana Kit: Yes No

EpiPen: Yes No

Inhaler: Yes No

If you have answered yes to any question, please fill out a Release and Authorization Allergy Form.

Recent Illness, Operations, or Injuries: please list any form of treatment/medication for illness, condition, or injury and how it will affect the participant in activities.

Immunizations: please indicate if immunizations/boosters are up to date.

TdP: Yes No Hepatitis B: Yes No

MMR: Yes No HIB: Yes No

Chicken Pox: Yes No Meningitis: Yes No

Other Health Issues:

If you are sending any medication to camp for the participant to receive. Please fill out a Medication Consent and Usage Form.

To the best of my knowledge, this participant does not have a communicable disease, has not been in contact with anyone who has a communicable disease within 3 weeks of the program start date, and is physically able to participate in all program activities except as indicated. All medical problems, or conditions requiring ongoing medical supervision or care, have been fully noted. I give permission for this health information to be shared with the appropriate staff and outside medical personnel as necessary. If the parent/guardian cannot be reached, permission is, hereby, given to the staff to take whatever steps deemed necessary to ensure the safety and health of the participant. This also allows permission for the staff to contact the participant's family physician/specialist. (Please inform your physician/specialist that you have given this authorization).

I understand that camp activities have an inherent risk factor and that all appropriate precautions will be taken for participant safety. I agree to not hold the Corporation of the City of London or any of its employees responsible in the event of an injury to my child.

I, hereby, certify that all information completed in this form is accurate and up to date. I will contact the staff promptly, in writing, if any changes occur in the participant's health status between now and arrival at the program as well as during the program.

Parent/Guardian Name

Parent/Guardian Signature

Date