



## PARTICIPANT INFORMATION AND HEALTH HISTORY FORM FOR CAMP

**INSTRUCTIONS:** Please complete this form and submit **online to [storybookdaycamp@london.ca](mailto: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: (MM/DD/YYYY)	Primary Language:
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.			
Contact #1 Name:		Relationship:	Phone Number:
Contact #2 Name:		Relationship:	Phone Number:
<b>**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.</b>			
I give permission for my camper to be photographed for promotional purposes:			<input type="radio"/> Yes <input type="radio"/> No
I give permission for Storybook staff to check my camper's hair for lice:			<input type="radio"/> Yes <input type="radio"/> No
Are there any current issues which involve your camper in terms of Court Orders, Custody Issues, and/or Restraining Orders? (If yes, please speak with our program staff)			<input type="radio"/> Yes <input type="radio"/> No

### Medications:

My camper will be sent to camp with medication:

Yes     No

**If you have answered yes, please fill out a Medication Consent and Usage Form**

### 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 Form.**

**Allergies:**

Drugs:	
Food:	
Insect Stings or Bites:	
Seasonal Allergies:	
Other:	
Reactions:	

**Recent Illness, Operations, or Injuries:**

Is the camper under any form of treatment/medication for any illness, condition, or injury?  Yes  No

Will this condition limit or affect participation in activities?  Yes  No

**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/Concerns:**

- |  |  |   |
|--|--|---|
| <input type="radio"/> Asthma               | <input type="radio"/> Vision Difficulties            | <input type="radio"/> Heart Disease/Defect    |
| <input type="radio"/> Behavioural Concerns | <input type="radio"/> Emotional/Physical Limitations | <input type="radio"/> Hypertension            |
| <input type="radio"/> Clotting Disorders   | <input type="radio"/> Frequent Colds/Sinus Trouble   | <input type="radio"/> Skin Conditions         |
| <input type="radio"/> Seizure Disorders    | <input type="radio"/> Headaches                      | <input type="radio"/> Urinary Tract Infection |
| <input type="radio"/> Diabetes             | <input type="radio"/> Hearing Aids                   | <input type="radio"/> Physical Limitations    |
| <input type="radio"/> Eating Disorders     | <input type="radio"/> Hearing Difficulties           | <input type="radio"/> Use of Prosthetics/Aids |

Details/Other:

---



---



---



---

**Covid-19 Protocol:** *please check each box to indicate your understanding of our guidelines*

- Parents/guardians must adhere to assigned drop-off and pick-up times. Repeated lateness will result in a late pick-up fee and/or a potential withdrawal from the camp program and will not be allowed to participate in camp for the remainder of the season.
- Parents/guardians or other friends/family members will not be allowed to enter the camp building.
- All campers must be dropped off and picked up by a parent/guardian age 16+ who can attest to the camper's health. Campers are not allowed to sign themselves in or out this summer.
- Campers who become ill while at camp must be picked up by a parent/guardian or emergency contact within one hour of receiving notification from camp staff.
- If a camper needs assistance with sunscreen application, they must bring spray-on sunscreen. Staff will spray the sunscreen on the camper, and the camper will rub the sunscreen on themselves. Staff will not be able to assist campers with applying sunscreen lotions.

- Unless 1:1 support was arranged prior to registration, campers must be able to independently dress, eat, use the washroom, and wash their hands. (Hand washing will be monitored)
- Campers may not bring toys, electronics, or anything aside from essential items with them to camp (change of clothes if needed, refillable water bottle, nut-free lunch and snacks, light jacket if necessary). All personal belongings must be labelled and cannot be stored on-site. All un-labelled personal belongings will be disposed of at the end of each week.
- In order to keep campers and staff safe, we ask that parents/guardians remind their campers each day about the importance of physical distancing while at camp.
- All campers are required to wear a face covering while indoors at camp. Face coverings may be removed when outdoors as long as distancing of 2 metres or more can be maintained. Masks are mandatory when outdoors if distancing cannot be maintained (e.g., camper first aid, participant safety, etc.).
- As per our Managing Behaviour Procedure, if a camper disobeys program rules or instructions from staff or demonstrates a disregard for the safety of other campers or staff, camp staff will discuss consequences and next steps with parents/guardians.

**Authorization:**

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.

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