

Summer Camp 2011 Medical Information

Child's family physician: _____

Address: _____

Telephone: _____

Does your child have any allergies? _____

Any Regular Medication? _____

Does your child have any special dietary requirements, medical conditions, or restrictions regarding exercise we should know about? If yes explain. _____

Emergency Contacts (in the event we cannot reach parents):

Name: _____ Telephone: _____

Relationship to child: _____

Name: _____ Telephone: _____

Relationship to child: _____

Person(s) authorized to pick up your child from the centre

Name: _____

Phone number: _____

Name: _____

Phone number: _____

Name: _____

Phone number: _____

(Signature of Parent)

(Date)