



Camper Information Sheet

School: _____ Grade (2009/2010): _____

Name: _____ Date of Birth: _____ / _____ / _____
Year Month Day

Address: _____ Age at Camp: _____

City: _____ Postal Code: _____

I accept full responsibility for my child while he/she is attending St. Brigid's Summer Camp or involved in any activities relating to the camp. I hereby authorize full participation by my child in all camping activities, except as specifically identified by me in this form. I understand that any pictures/videos taken at camp which include my child may be used for promotion by the camp and are the property of the camp. By enrolling my child and signing this form I give my consent to St. Brigid's Summer Camp to act as a kind and judicious parent toward my child for the period my child is at camp. I authorize the camp's medical administrator to administer routine over-the-counter medication or such other medication as I specifically provide. I authorize the medical administrator to provide such routine medical treatment as generally accepted medical nursing practice indicates. If I cannot be reached in the case of an emergency, I give my permission to the camp director or designate to secure proper treatment including medical care for my child. I hereby release the camp, and any person employed by the camp, or acting on behalf of the camp, from any claim whatsoever arising out of my child's attendance at camp.

Parent / Guardian Name: _____ Relationship: _____
Please Print

Parent / Guardian Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

In case of emergency Custodial Parent/Guardian will be notified. **Please provide 2 alternate contacts:**

1 Name: _____ Relationship: _____
Please Print

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

#2 Name: _____ Relationship: _____
Please Print

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

If camper wishes to be placed in same cabin as a friend of same age please indicate here.

Friend's Name: _____ Age: _____ School: _____

Friend's Name: _____ Age: _____ School: _____

OVER

Medical Information

Camper's Name: _____

Mother's
Maiden Name: _____

Family
Doctor's Name: _____

Child's Health Card Number: _____ Expiry Date: _____

Does child have any physical, mental, emotional or behavioural problems? Yes: _____ No: _____

Specify: _____

Should there be any restrictions of physical activities? Yes: _____ No: _____

Specify: _____

Is any medical treatment required at camp? Yes: _____ No: _____

Specify: _____

Does your child's medical condition require a phone call from the nurse? Yes: _____ No: _____

Will your child be bringing medication to camp? Yes: _____ No: _____

Specify Medication: _____

Is your child comfortable taking medication in front of other children? Yes: _____ No: _____

- **Please ensure that medication is labeled clearly with child's name and dosage requirements, kept in the original container.**
- **If your child will be bringing an EPIPEN or Puffer to camp, please check expiry date.**

Does your child have any allergies? Yes: _____ No: _____

Specify:
Insects: _____ Peanuts: _____ Nuts: _____ Food: _____ Drug: _____

Environmental: _____ Other: _____

What are the reactions / symptoms? _____

Has your child been at St. Brigid's Summer Camp before? Yes: _____ No: _____

Swimming level of camper: Non-swimmer: _____ Weak: _____ Intermediate: _____ Strong: _____

Please note: Due to the number of people at camp, our kitchen is not equipped to cater to all special diets and meal requests. In the event of an allergy (not a dislike) to certain foods, exceptions can be made with prior knowledge and arrangements.

Replies to all the above questions are required before your child will be considered registered.

Office Use

Tickets	Donation	Sponsor (if applicable)	Other