



# Camper Information Sheet

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First Name) (Last Name) Year Month Day

Address: \_\_\_\_\_ Age at Camp: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ 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: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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 Only

Tickets	Donation	Sponsor (if applicable)	Other