

PERSONAL INFORMATION FORM

SECTION A

PARTICIPANT'S NAME: _____ DOB: _____
ADDRESS: _____

GUARDIAN NAME #1: _____ DAY PHONE: _____
WORK PHONE: _____ CELL PHONE: _____
EMAIL: _____ CUSTODY: YES NO (please circle one)

GUARDIAN NAME #2: _____ DAY PHONE: _____
WORK PHONE: _____ CELL PHONE: _____
CUSTODY: YES NO (please circle one)

EMERGENCY CONTACT (other than guardian): _____ CONTACT NUMBER: _____

AUTHORIZED PICK-UP PERSON(S): _____

IS THERE ANYONE WHO IS **NOT** AUTHORIZED TO PICK UP YOUR CHILD (please provide documentation):

PLEASE IDENTIFY IF YOUR CHILD HAS ANY SPECIAL NEEDS: _____

DOES YOUR CHILD REQUIRE A SUPPORT WORKER BASED ON SPECIAL NEED: YES NO (please circle one)

PLEASE LIST ANY HEALTH CONCERNS OR ALLERGIES: _____

PLEASE LIST ANY SPECIAL DIET REQUIREMENTS: _____

PLEASE LIST ANY MEDICATION(S) YOUR CHILD IS REQUIRED TO TAKE DURING CAMP:

FAMILY DOCTOR'S NAME: _____ WORK PHONE: _____

SECTION B

MEDICAL STATEMENT

I, _____ (guardian) give permission for the Recreation Staff to give _____
(child's name) the following medication _____ (name) at the following time(s) _____.

All medication(s) must be in its original container with the child's name and dosage requirements clearly visible. Any medication not in its original container will NOT be accepted. Please sign in medication to Front Desk upon arrival. NO medication is to be left in a child's bag or in any other uncontrolled environment for health and safety reasons. If child is registered for Extended Care, please request that the Counsellor Staff assist you at the front desk to in order to secure medication(s) in a safe place.

Form will be accepted once second page is completed and signed.

SECTION C

WAIVER FOR TRAVEL ON DND MSE

I, _____ (guardian of the City/Town of _____ in the Province of Ontario in consideration of being permitted to travel in DND administrative transport. On behalf of myself and my heirs, executor, administrators and assigns do hereby remise, release and forever discharge HER MAJESTY THE QUEEN IN RIGHT OF CANADA, her officers, servants and members of her Canadian Forces of and from all manner of actions, causes of action, suits, debts or demands of whatsoever kind of nature which against HER Majesty I ever had, now have, shall or may hereafter have as the result of my presence as a passenger in DND administrative transport.

GUARDIAN SIGNATURE: _____ DATE: _____

WAIVER FOR TRAVEL BY OTHER MEANS

I, _____ (guardian) give permission to _____ (participant's name) to travel by other recognized modes of transportation (ie. Taxi) to designated locations during camp.

GUARDIAN SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

I give permission for my child to fully participate in all activities unless otherwise stated. I realize that promotional photos, audio, or visuals may be published for promotional purposes. The Recreation Department keeps all personal information confidential and secure.

GUARDIAN SIGNATURE: _____ DATE: _____

STAFF MEMBER'S NAME TAKING REGISTRATION: _____