

Recent Illness, Operations or Injuries:

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

If Yes, Please Explain: _____

Past History of Communicable Diseases and Approximate Dates:

Chicken Pox: _____ Hepatitis: _____

Whooping Cough: _____ Pink Eye: _____

Other: _____

Date of Last Immunization/Booster:

TDP (Tetanus, diphtheria, polio) _____

Hepatitis B: _____

MMR (Measles, Mumps, Rubella) _____

HIB: _____

Chicken Pox: _____

Other Health Issues (check those that apply):

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease/Defect |
| <input type="checkbox"/> Behavioural Concerns | <input type="checkbox"/> Seizure Disorders |
| <input type="checkbox"/> Dental Appliances | <input type="checkbox"/> Skin Conditions |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Urinary Tract Infection |
| <input type="checkbox"/> Eye Glasses/Contacts | <input type="checkbox"/> Menstruation Difficulties |
| <input type="checkbox"/> Emotional/Physical Limitations | <input type="checkbox"/> Hearing Aids/hearing difficulties |
| <input type="checkbox"/> Earaches/Infections | <input type="checkbox"/> Other _____ |

Please explain any checked health issues: _____

Medications Being Sent to Camp

All medications (except inhalers) must be turned into and kept with the camp coordinator and dispensed by the camp coordinator. Medications must come to camp in the original containers and include the campers name and directions for use. Only prescription medication will be administered at camp. Parents are responsible for checking the expiry dates. Campers taking medication during camp hours are also required to fill out an **Authorization for the Administration of Medication Form**.

Medication Name: _____ Dosage: _____ Administration Time: _____ a.m. p.m.

Reason for Taking: _____

Will your child be bringing an Epi-Pen/Inhaler? ___ If yes, does your child know how to use it? ___

Campers bringing their own Epi-Pens/Inhaler should also bring a fanny pack to carry it in.

Authorization: All medical problems, or conditions requiring ongoing medical supervision or care, have been fully noted. I give permission for this health information to be shared with appropriate program staff and outside medical personnel as necessary. If the parent cannot be reached, permission is hereby, given to the program staff to take whatever steps it deems necessary to ensure the health and safety of the participant. This allows permission for the staff to contact the participants family physician (Please inform your physician that you have given this authorization)

Parent/Guardian Name: _____ Signature _____

Date: _____

SAFE ARRIVAL
YOUR CHILD'S SAFETY IS VERY IMPORTANT TO US!

ATTENDANCE

Attendance will be taken at the beginning of the program before activities begin. If your child will not be coming on a given day, please call, or write the staff a note the previous week. This will eliminate us having to call the home to make sure the child is in fact at home or accounted for.

SUPERVISION

In order to provide proper supervision, it is important to know who will be escorting your child from the Camp Program. If at any time someone different will be responsible, please inform the leader as to whom along with their contact number.

Please indicate below how your child will arrive and leave the program setting.

Normally my child will be picked up by: (Complete all that will be picking up your child)

Name	Relationship to Child	Home Phone Number	Cell Phone Number

* Parents/guardians and anyone else picking up a child from programs may be requested to provide identification before release of the child.

My child is over 10 years old will be coming to the program on their own and can leave by themselves. Yes No

*****If you have indicated that your child will be leaving program on his/her own, your child will be signed out of the program at program completion time.***

Parent/Guardian Name (please print) _____ Parent/ Guardian Signature: _____ Date: _____
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SWIMMING EXPERIENCE (Summer Camps only)

Has your son/daughter taken swimming lessons in the past? Yes _____ No _____

What level did they last complete? _____

Where did they take their swimming lessons: _____

If they have never taken swimming lessons, please check their experience level;

- Beginner (Blow Bubbles, Submerge Head, Floats, Glides (Assisted), PFD)
- Intermediate (Floats, Glides, Entries/Exits, Front Swim 5m)
- Experienced (Deep End Entries/Exits, Intro Front Crawl 15m, Back Swim)
- Expert (Front Crawl 25m, Back Crawl 15m, Diving, Treading)

PHOTO RELEASE

From time to time we will have the newspaper or our staff takes photos of the children for promotional material.

I, _____, give the County of Brant
(Your Name)

my permission (or permission as parent/guardian for _____)
(Camper's Name)

to use my/their photograph and/or story as part of its Community Relations/ Marketing/ Recreation Promotional activities. I also give my permission to be identified in the following manner:

First and last name First name only Initials only I do not wish for my camper to be identified.

I understand that all photographs/stories become the property of the County of Brant and that, unless I request otherwise, the photographs/stories will not be returned to me.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Signature of Witness	Date

The information is managed in accordance with the requirements of the Municipal Freedom of Information and Protection of Privacy Act, RSO 1990 and the Personal Health Information Protection Act 2004.

HOLD HARMLESS AGREEMENT

I, _____, agree that, from time to time and at all times hereinafter, they will and truly save, defend and fully indemnify the Employee representing the County from and against all actions, suit, claims and demands which may be brought against or upon the Corporation of the County of Brant and any Servant, Agent, or Employee representing the County and against loss, costs, damages, or expenses which the Corporation of the County of Brant and any Servant, Agent, or Employee representing the County may sustain, suffer, incur or be liable to resulting from, arising from, or in any way incidental to the Corporation of the County of Brant and any Servant, Agent, or Employee representing the County in connection with the activities to be held at Camp Programs.

In the case of a medical/surgical emergency and we are not immediately available for consultation, I herby give permission to the County of Brant Camp Staff to hospitalize and secure proper treatment for my child (as named on the medical form).

I hereby certify that all information completed on this form is accurate and up-to-date and I will contact the camp in writing if there are any changes. I have also read and accept the Hold Harmless Agreement

Camper Name (please print) _____	Date: _____
Parent/Guardian Name (please print) _____	
Parent/GuardianSignature: _____	