



Verification and Health Forms for Campers (1 form to be filled per child)

Camper Name: _____

Known Allergies: _____

Other Important Info: _____

First Contact: _____

Telephone Number(s): _____

Relationship: _____

Second Contact: _____

Telephone Number(s): _____

Relationship: _____

Other People Allowed to Pick Up Child:

(Please list anyone else that you may authorize to pick up your child from camp or may be contacted in case of emergency)

Name: _____

Relationship: _____

Telephone(s): _____

Name: _____

Relationship: _____

Telephone(s): _____

Name: _____

Relationship: _____

Telephone(s): _____

Other Information:



KANATA GYMNOSPHERE HEALTH FORM

The health form is kept confidential and used by our health services staff (or emergency medical personnel). **Every camper needs a completed health form to participate in any camp programs. Please fill out this form as completely as possible and bring with you on the first day of camp.** Thank you!

SECTION I – BASIC CONTACT INFORMATION

Camper Birth date _____ / _____ / _____ Age _____

Address _____

SECTION II – MEDICAL INFORMATION AND ALLERGIES

- Medication To Be Taken At Camp: _____
- Seasonal Allergies: _____
- Food Allergies: _____

Please describe reactions and treatments for any allergies: _____

Please check if camper carries: Epi-pen Medical Alert Bracelet Inhaler

SECTION III – EPI-PEN (if checked previously, please complete)

Please ask a staff for the Epi-Pen form.

SECTION V – AUTHORIZATION

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, required medication and activity limitations, which should be known to the camp staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Signature of Parent or Guardian X _____ Date _____