



## Get Happy Summer Day Camps!

### Medical Information Form

We ask that you complete the information below completely and carefully. Staff rely on this information daily to ensure the safety and security of your children and to perform first aid treatment when and if necessary during Camp hours.

#### Part A: CONTACT INFORMATION

Participant Name:	DOB:	Age:	Gender:
Doctor's Name:	Phone Number:	Health Card #:	
<u>EMERGENCY CONTACT</u>			
Name:	Phone:	Relationship:	

#### Part B: MEDICAL INFORMATION

Please complete each question fully:

1. Does the participant have any medical conditions or take any medications that we should be aware of (ex. asthma, ADHD)? If yes, please outline below.

---

---

---

---

2. Please list any allergies (include those to food, medications, environment etc.):

---

---

3. Please list any family information or special instructions that should be known:

---

---

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed

\_\_\_\_\_  
Date





## Get Happy. Summer Day Camps!

### Medical Information Form

#### PART C: MEDICAL RELEASE

In the event that my child \_\_\_\_\_ is injured, ill or in need of medical attention, I authorize the Get Happy. Summer Day Camps staff or agents to seek medical attention and/or admit my child to hospital if I am unable to be contacted or am otherwise unable to respond. I give permission to camp staff to drive my child in their personal vehicle in the case of an emergency.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed

\_\_\_\_\_  
Date

#### PART D: PARENT/GUARDIAN CONSENT

Your child will be involved in a number of activities as part of this program. These activities may include, but are not limited to, walking, running, swimming and other sports. While all programs are supervised by trained staff who instruct participants in safety, your child may still get injured, or your child's property may be damaged, as a result of participating in the program. Knowing and understanding the program, activities and risks, you freely agree to allow the participation of your child in the program

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed

\_\_\_\_\_  
Date

#### PART E: OTHER

Please include any additional information you wish to share that is not included in the sections above:

---

---

---