OFFICE	
USE	
ONLY	



One form per child is required on the first day of camp.

Camp Medical Form

If your child is attending more than one camp, please ask for photocopies of this form.

Medical forms are destroyed at the completion of each camp.

FULL NAME OF CHILD:		GENDER: 🗆 M 🗆 F
BIRTHDATE\	AGE: (as of the first day of ca	amp)
ALLERGIES: Please list all known allergies, as REQUIRES AN EPI-PEN please request the S		
FULL NAME OF PARENT(S)/GUARDIAN:		
ADDRESS: 1		
		WORK:
CARECARD # :	FAMILY (DOCTOR:
PERSONS AUTHORIZED TO PICK UP THE ONT		E OF AN EMERGENCY: RELATIONSHIP
1		
HOME: CELL:	WORK:	_
2		
HOME: CELL:	WORK:	

SWIMMING INFORMATION

Please read carefully and complete the following section on swimming information.

To help our leaders ensure the safety of your child while in the water, please read the following criteria and indicate if your child is a **GREEN** (strong swimmer), **YELLOW** (moderate swimmer), or **RED** (weak swimmer). Please circle the appropriate column below.

GREEN YELLOW П **RED** At least 7 years old and has **NOT** completed Criteria At least 7 years old and 5 or 6 years old **AND/OR** has **COMPLETED** Swim Swim for Life Swimmer 4 (or completed it longer must wear a lifejacket at for Life Swimmer 4 all times while swimming. than six months ago). (within the last six months). OR May not be in deep water (over their head/can't touch) without a lifejacket. Green swimmers are Yellow swimmers may swim without direct Red swimmers must stay **Details** allowed to swim in all leader supervision, but have restrictions on within an arm's reach of a areas of the pool which areas of the pool they can access leader at all times, and (including deep water) without a lifejacket. In order to swim without must wear a lifejacket (unless they have completed Red without a lifejacket or a lifejacket, children must be able to touch Cross Swim Kids level 4 within direct leader the bottom at all times (no deep water). the last six months). supervision. If you are unsure of your child's swimming level, please check here: SPECIAL INSTRUCTIONS Are there any special instructions concerning care, diet, custody, etc...? YES NO YOUR CHILD HAS A SEVERE ALLERGY, PLEASE REQUEST A SEVERE ALLERGY INFORMATION FORM FROM THE PROGRAM LEADER AND LIST IT ON THE FRONT OF THIS FORM.) Local media or department staff may photograph or video record participants for promotional purposes. Do you give permission for your child to appear in these photos/videos? YES NO **PERMISSION** I understand that my child will be participating in a variety of recreational activities, both on site and off site while they are registered in camp, and give permission for them to participate. I also understand that children may be transported to and from these activities via public transit. In the event of an emergency, I authorize camp leaders to seek medical attention for my child, including calling an ambulance and/or emergency contact person(s), as listed on the front of this form. I understand a copy of this form and the information included on it may be provided to medical personnel if necessary.

Date: _____

Signature: _____