



Township of Uxbridge – Uxbridge Historical Centre Summer Camps

**PARTICIPANT INFORMATION AND HEALTH HISTORY FORM FOR CAMPERS WITH MEDICAL
and/or BEHAVIOURAL CONCERNS**

Instructions: Please complete this form **before your child participates in the program. This form will only need to be filled out once. If changes need to be made throughout the summer, please inform the camp coordinator in writing.** The personal information collected on this form is collected under the authority of the Municipal Act and will be used to administer the summer recreation program that your child is enrolled in.

Participant Information: PLEASE PRINT WHEN COMPLETING THIS FORM.

Surname: _____ First Name: _____

Gender: M, F, Other (please specify): _____

Date of Birth (DD/MM/YYYY): _____ Age: _____ Phone: _____

Address: _____

Apt. #: _____ City: _____ Postal Code: _____

Health Card No.: _____

Parent/Guardian #1

Name: _____ Phone: _____

Email: _____

Parent/Guardian #2

Name: _____ Phone: _____

Address (if different than above): _____

Email: _____

Emergency Contacts: These will be people who will be called if a parent/guardian cannot be reached in an emergency. *These must be different contacts than parents/guardians.*

Contact #1 Name: _____ Relationship: _____

Address: _____

Phone: _____

Contact #2 Name: _____ Relationship: _____

Address: _____

Phone: _____



Allergies

Drugs: _____

Food: _____

Insect Stings or Bites: _____

Seasonal (i.e. Hay Fever): _____

Other: _____

Reactions: _____

Carries: EpiPen Puffer Other: _____

Recent Illness, Operations or Injuries: _____

Is participant under any form of treatment/medication or any illness, condition or injury?

Yes No If yes, please explain: _____

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

If yes, please explain: _____

Other Health Issues: (Please check any applicable areas)

- Asthma Vision Difficulties Hear Disease/ Defect Requires 1 on 1 Assistance
- Behavioral Concerns ADD/ADHD Emotional/Physical Limitations Hypertension
- Clotting Disorders Frequent Colds/Sinus Trouble Skin Condition Seizure Disorders
- Headaches Urinary Tract Infection Diabetes Hearing Aids Physical Limitations
- Tubes in Ears Speech Problems Eating Disorders Hearing Difficulties
- Use of Prosthetics/ Aids Other (please explain): _____

Medications being sent & to be taken by the child

Medication Name: _____

Dosage: _____

Administration: _____



Times: _____

Reason for Taking: _____

Should your child require an epi-pen, please note that it needs to be with your child at **ALL TIMES**. The auto injector should be safely transportable in a belted pouch attached to child.

AUTHORIZATION

To the best of my knowledge, this participant does not have communicable disease, has not been in contact with anyone who has a communicable disease within 3 weeks of the program start date, and is physically able to participate in all program activities except as indicated. 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 the appropriate staff and outside medical personnel as necessary. If the parent/guardian cannot be reached, permission is, hereby, given to the staff to take whatever steps deemed necessary to ensure the safety and health of the participant. This also allows permission for the staff to contact the participant's family physician/specialist. (Please inform your physician/specialist that you have given this authorization). I understand that playground activities have an inherent risk factor and that all appropriate precautions will be take for participant safety. I agree to not hold the Corporation of the Town of Uxbridge or any of its employees responsible in the event of an injury to my child. I, hereby, certify that all information completed in this form is accurate and up to date. I will contact the staff promptly, in writing, if any changes occur in the participant's health status or if guardian/parental information needs to be adjusted.

X

Parent/Guardian Signature

X

Parent/Guardian Name (Please Print)

Date