

MUSEUM LONDON CAMPER INFORMATION

Participant's Name:

Participant's Age:

Camp:

PARENT/GUARDIAN 1

PARENT/GUARDIAN 2

Name:

Name:

Address:

Email:

Address:

Email:

Work Phone:

Cell/Home:

Work Phone:

Cell/Home:

EMERGENCY CONTACT 1

EMERGENCY CONTACT 2

Name:

Address:

Name:

Address:

Phone:

Relationship:

Phone:

Relationship:

MEDICAL INFORMATION

Health Card #:

Name on Health Card:

Family Physician:

Physician's #:

ALLERGIES

PLEASE CHECK ANY HEALTH ISSUES WE SHOULD BE AWARE OF

- seasonal allergies (i.e. Hay Fever)
- food
- drugs
- insect stings or bites

- reactions
- carries an Ana Kit
- carries an Epi Pen
- other

- asthma
- seizure disorders
- hearing difficulties
- urinary tract infection
- hearing aids
- heart disease/defect
- headaches
- skin conditions
- eating disorders

- hypertension
- diabetes
- vision difficulties
- frequent colds/sinus trouble
- use of prosthetics/aids
- clotting disorders
- behavioural concerns
- emotional/physical limitations
- other

If you have checked any of the above, please provide more information if applicable:

Are medications being sent & to be taken by the child:

- yes
- no

Please note any recent illnesses, operations or injuries:

If medications are being sent, please provide: medication name, dosage, administration times and reason for taking:

OTHER

Are there any current issues which involve your child in terms of Court Orders, Custody Issues and/or Restraining Orders?

- yes
- No

Parental Consent

- To take my child off Museum London property for breaks in nearby parks
- To occasionally photograph/videotape my child during activities for Museum's promotional purposes
- to administer medication provided by me in accordance with complete written instructions provided by me