FORM 1. CONSENT TO MEDICAL TREATMENT

I hereby consent to the administration of any medical treatment deemed by any qualified medical practitioner to be necessary for the health and welfare of my child,

____

First Name Last Name

including the administration of an anesthetic and the performance of any necessary operation during the time period

from ____________________ to ____________________

DD-MM-YYYY DD-MM-YYYY

________________________________ __________________________ ____________________

Name of Parent or Guardian **SIGNATURE** of Parent or Guardian DD-MM-YYYY

FORM 2. CAMPER'S HEALTH AND SAFETY INFORMATION FORM

Remember that up-to-date and accurate information is essential for the protection of your child in case of accidents or sickness!

Name of Child: ____ Date of Birth: ___________________________

First Name Last Name DD-MM-YYYY

Child's Home Address: ____

Street City Postal Code

Emergency Contact #1		Emergency Contact #2		Emergency Contact #3	
Full Name		Full Name		Full Name	
Relationship		Relationship		Relationship	
Cell Phone		Cell Phone		Cell Phone	
Home Phone		Home Phone		Home Phone	
Work Phone		Work Phone		Work Phone	
Email		Email		Email	

Family Doctor's Name: ______________________________ Family Doctor's Contact Number: __________________________

Ontario Health Card No. _____________________________ _____ _____ ________ - _____ - _____

card number **version code** **expiry date**

MEDICAL INFORMATION

Please be specific. Use a separate sheet if required.

Allergies, including Food Allergies/ Drug Reactions:____

Asthma: If yes, Please provide asthma's details. How severe it is? What are the triggers for these attacks? __________________

____

Does your child carry an Epi-Pen? ______ If YES, Please provide details about your child's anaphylaxis, including the date and description of any reaction: ____

____Does the camper know how to use an Epi-Pen?_________

Diabetes: ____

Epilepsy: ____

Dietary/Food Restriction: ____

- *Please note that we can serve vegetarian menu, but not complete vegan. Please list all excluded food items and its suggested replacements.*
- *We may not be able to accommodate some diet options (gluten free, kosher, halal, etc.). If you have any serious dietary concerns, please email us info@discoverylandcamp.com*

Any problems with heart, feet, legs, skin? ____

Any surgery or serious medical treatment over the past 6 months? ____

Has your child ever had psychiatric treatment or have you ever consulted a psychologist? ________________________________

Activity Restriction: ____

____

I agree to be responsible for any extra medical expenses incurred by my child or by the camp on behalf of my child by submitting necessary payment within 5 business days after my child arrives from the camp; as well as to arrive to the camp as soon as possible in case of my appearance being necessary.

________________________________ __________________________ ____________________

Name of Parent/Guardian **SIGNATURE** of Parent/Guardian DD-MM-YYYY