

Medical Insurance Consent

Please complete this form ONLY if your child does not have the Ontario Health Card

Child's name: _____

Parent/Legal Guardian Name: _____

These forms must be filled by Parent/Guardian, who has the legal authority to consent to medical treatment for the camper named above.

DiscoveryLand Camp Medical Emergency Procedure

1. In case of medical emergency, if the child needs to be taken to the hospital, the Camp Director or the Head Counselor will contact the child's parents or the caregiver in Canada.
2. DiscoveryLand Camp's representative will take the child to the nearest hospital.
3. The child's parents or the caregiver in Canada have to come to the hospital by the request of the hospital or DiscoveryLand to deal with all questions that may arise in regards of the child's hospitalization and the child's travel medical insurance.
4. The hospital might require all payment upfront. The child's parents or the caregiver in Canada might be able to receive the compensation from the insurance company.
5. All medical expenses paid by the camp on behalf of the child should be covered by the parents or the caregiver in Canada within 5 business days after payment occurs.

Please provide the information of the emergency contact in Canada while the child is in camp:

Emergency Contact Name: _____

Contact number: _____

Address: _____

Relationship to the child: _____

I agree with abovementioned DiscoveryLand Camp Medical Emergency procedure.

Parent/Legal Guardian Signature: _____

Date _____