

MEDICAL INFORMATION and PERMISSIONS

Child's name _____

Doctor _____ Doctor's Phone _____

1. Does your child have any allergies? NO ____ YES (please specify). (Ask for special form for campers who carry an epi-pen)
2. Is your child on any medication? NO ____ YES (please specify)
3. Does your child have any MEDICAL/HEALTH NEEDS (Physical, emotional, mental or behavioural)? NO ____ YES (please specify)

IMPORTANT NOTE: IN CASE OF ILLNESS OR INJURY AT THE CHURCH OR ON EXCURSIONS

Every effort will be made to contact parents. It is understood that by permitting my child to attend Adventure Day Camp, I am agreeing that Calvary Baptist Church/Adventure Day Camp, and anyone acting on its behalf, will be released from any liability for injuries to my child that may be occasioned at the camp or on an excursion via bus or walking to the park, and that I give permission to the Church Staff, Director and Assistant Director of Adventure Day Camp to make decisions in case of an emergency on behalf of my child when I am not immediately available for consultation. I am aware that I will be informed of camp excursion details prior to the event.

- * All medical information about the camper must be completed on the application form.
- * A camper who brings medication to camp must hand it in at the camp office as soon as he/she arrives at the church.
- * All medication must be kept in the camp office to safeguard loss and to keep it out of the reach of other campers with the exception of epi-pens which need to be in a 'fanny pack' on the child's person or with the group leader.
- * By sending your child's medications we assume that you are giving consent to administer them according to directions.
- * All medication must be clearly marked for:
 - a) name of camper
 - b) name of medication
 - c) dosage
 - d) how often it must be administered.

PLEASE NOTE: IF THE ABOVE REQUIREMENTS ARE NOT MET THE MEDICATIONS WILL NOT BE ADMINISTERED.

PHOTOGRAPHS: From time to time photos of the children are taken for promotional purposes.

To **decline** use of photo's please check this box.

CONDITIONS OF ENROLMENT

1. The camp directors reserve the right to dismiss a camper who in his/her opinion is a hazard to the safety and the rights of others, or who appears to him/her to have rejected the reasonable controls of the camp.
2. The parents or guardians submitting this application are those having legal custody or guardianship over the child. Foster children require the signature of the CAS worker for attending camp, attending outings and medical forms.
3. I have read each page of this application form and I accept the conditions of enrolment.

Parent/Guardian's Signature _____ **Date** _____

(Note: foster children require CAS case workers signature)

MAIL APPLICATIONS TO:

CALVARY BAPTIST CHURCH
300 Rossland Road East
Oshawa, Ontario L1G 2X1

FAX TO:

905 433 4734

OR BRING IN PERSON TO THE CHURCH OFFICE

Office hours: Mon – Fri, 9am to 5pm. Please use east entrance of the church. (Church office phone: 905.433.2960)