

YWCA CAMP CLOVER CAMPER HEALTH FORM 2011

For Office Use

TRANSPORTATION INFORMATION – see page 5 of the Parent Handbook for bus information

Pick-Up Location (AM):	Do you require Extended Afternoon Supervision at The Church of the Good Shepherd? <small>(See Page 2)</small> YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, all days? _____
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Drop-Off Location (PM):	Dismissal Consent: My child(ren) may walk home unescorted from the bus stop. YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(Detailed consent on Page 2)</small>
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My child(ren) will be met at the bus stop by one of the following:
 1. _____ 2. _____ 3. _____
 If someone other than the individuals listed here is to pick up your child from the bus stop, the leaders will require written consent.

CAMPER # 1 INFORMATION

Camper # 1 Name:	Date of Birth: Month: _____ Day _____ Year: _____
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Would you like your child in the same group as a friend the same age? Name of Friend: _____

Family Doctor:	Date of Last Immunization: (Tetanus/Diphtheria/Polio)
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Allergies (indicate severity and intervention needed): _____ (see Page 2)

Special Attention at Camp (health or behaviour related): _____ (see Page 2)

Medication Taken at Camp (indicate type and when to be administered): _____ (see Page 2)

CAMPER # 2 INFORMATION

Camper # 2 Name:	Date of Birth: Month: _____ Day _____ Year: _____
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Would you like your child in the same group as a friend the same age? Name of Friend: _____

Family Doctor:	Date of Last Immunization: (Tetanus/Diphtheria/Polio)
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Allergies (indicate severity and intervention needed): _____ (see Page 2)

Special Attention at Camp (health or behaviour related): _____ (see Page 2)

Medication Taken at Camp (indicate type and when to be administered): _____ (see Page 2)

CONTACT INFORMATION – put a star beside the number(s) you can best be reached at during camp hours

Child(ren)'s Address:	City:	Postal Code:	Home Phone #:
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Mother's Name:	Father's Name:
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Mother's Work Phone:	Father's Work Phone:
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Mother's Cell Phone:	Father's Cell Phone:
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Alternate Contact # 1 Name:	Phone:	Relation:
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Alternate Contact # 2 Name:	Phone:	Relation:
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The above information is accurate to the best of my knowledge as of this date:
 Parent/Guardian Signature: _____ Date: _____

ADDITIONAL CAMPER INFORMATION

Swimming Level – Please describe the swimming level of your child(ren):

CONSENTS

EMERGENCY MEDICAL TREATMENT

In the event of illness or accident involving my child, I hereby authorize, if I am not immediately available, the administration of any medical procedures deemed necessary by the child's physician or Hospital Emergency staff. I also give permission for my child to be transported to the physician's office or the Emergency Department of the hospital.

YES NO

PUBLICITY CONSENT

My child may appear in any publicity arranged from the program through various media such as newspaper, radio, television, photographs, and slide and video presentations.

YES NO

SUNSCREEN/INSECT REPELLENT CONSENT

My child may have assistance from Camp staff in applying sunscreen (SPF 25) and insect repellent throughout the day, as deemed necessary by the staff. Parents must provide their child's sunscreen and insect repellent (suggested percentage of DEET 5% to 10%).

YES NO

DISMISSAL CONSENT

My child may walk unescorted to our home and/or a friend's house if a designated pick up person is not there to meet him/her at the bus drop off location in the afternoon.

YES NO

Parent/Guardian's Name (please print) _____
Date: _____ **Signature:** _____

Have You:

- ♣ completed **ALL** sections of the Camper Health Form (including date of last immunization)?
- ♣ signed both pages?

If so, please return your form to the YWCA by **June 10, 2011**: YWCA Kitchener-Waterloo, Attn: Camp Clover
153 Frederick Street, Kitchener, ON N2H 2M2
Fax: (519) 576-0129 Email: jennifer.carroll@ywcakw.on.ca

EXTENDED SUPERVISION – additional information

Afternoon supervision is available at The Church of the Good Shepherd – 116 Queen Street North, Kitchener at an additional cost of \$4 per day per child (no cost for Regional Subsidy clients). Supervision starts when the bus arrives and ends at 5:30pm. Include a note indicating the days you will need extended care with your payment if care is not needed all days of the session. Payment is required **in advance** for all days needed and is non-refundable.

IF YOUR CHILD HAS ANY SPECIAL NEEDS OR ALLERGIES

So that the needs of your child can best be met, please attach a detailed letter to the Camper Health Form describing your child's needs and any instructions.

IF YOUR CHILD REQUIRES MEDICATION WHILE ATTENDING CAMP

The bus monitors will have forms for parents to complete the first day of the camp session. Please ensure your child's prescribed medication is in its original packaging from the drug store. The child's name, date, name of the medication and dosage must be clearly visible. The Camp Supervisor will hold all medication unless otherwise advised.

SAME GROUP REQUESTS: May be accommodated if children are the same age when camp begins.

The YWCA Kitchener Waterloo respects, protects and adheres to all legislative requirements having to do with the privacy protection act to offer our services. Your information is used for registration, emergency and tax purposes only.