



SUMMER CAMP APPLICATION 2018

Camper's Name: _____ **Date of Birth:** _____

Parent(s)/Guardian: _____

Home Address: _____

Phone #'s Home: _____ **Work:** _____ **Cell:** _____

Do you receive funding from an outside source for summer respite, if so who is the funding organization?

Circle what day(s) of the week Participant would like to Attend:

Monday Tuesday Wednesday Thursday Friday

Will the Participant be at the Camp from July 3rd through August 24th?

Yes No

If not, what dates will the participant be attending?



Personal Information

Medical diagnosis
Allergies / Sensitivities
Medication
Behavioural concerns
Successful interventions for behaviours
Other physical or psychiatric conditions:
Significant likes / dislikes
Doctors Name and Phone #



Additional information that is important for us to know:

A large, empty rectangular box with a thin black border, intended for the applicant to provide additional information.



Emergency Contact (This page is kept by counsellors at the camp)

Name of Camper: _____

Health Card Number: _____ Expiry: _____

Family Doctor / Phone #: _____ / _____

Allergies/Sensitivities:

Medication:

Emergency Contact:

Name: _____ Relationship: _____

Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____

Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____

Home: _____ Cell: _____ Work: _____

Person(s) (other than parent/guardian listed above) who is authorized to pick up camper:

Other Relevant Information: