



SUMMER CAMP APPLICATION 2019

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

Parent(s)/Guardian: _____

Home Address: _____

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

Email Address: _____

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

Circle which day(s) of the week participant would like to attend:

Monday Tuesday Wednesday Thursday Friday

Will the Participant be at the Camp from July 2nd through August 23rd? *

Yes No

If not, what dates will the participant be attending?

*** Camp will not be open Monday, July 1st or Monday, August 5th.**



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 providing 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: