

OFFICE USE ONLY

Form Reviewed by

____RN

Bayview Glen Day Camp

275 Duncan Mill Road, Don Mills, M3B 3H9
(416) 449-7746

ACCREDITED
MEMBER



Munchkin Health Information and Consent Form

☛ No child will be permitted to participate in camp activities if we do not have a completed Health Form for this child.
All Health Forms must be completed by the parents and received by the Camp Office the first Monday in June

Name of Camper: _____ Male
 Date of Birth: _____ Female
month day year age as of July 1

Camper's Full Address: _____

Camper's Home Phone: () _____

Health Card Number: _____ (include version code)

Father: Dr. Mr. _____
First Name Last Name

Tel. Home: () _____ Work: () _____ Cell: () _____

Mother: Dr. Mrs. Ms. _____
First Name Last Name

Tel. Home: () _____ Work: () _____ Cell: () _____

If separated or divorced: Which parent does the child live with? Father Mother Both

Are there any restrictions on either parents' or legal guardian's access/custody? Yes No

If yes, please provide details: _____

Emergency Contacts, if parents cannot be reached.

_____ () _____
Name Telephone Relationship to Camper

_____ () _____
Name Telephone Relationship to Camper

_____ () _____
Name Telephone Relationship to Camper

Allergies (Please specify nature and severity of reaction):

Food _____

Medication _____

Other _____

Are all immunizations up-to-date? Yes No

Weight: _____

