OFFICE USE ONLY
Form Reviewed by
_____RN

Bayview Glen Day Camp

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

ACCREDITED MEMBER
OCA Ontario Camps Association

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: _____ (month) _____ (day) _____ (year) _____ (age as of July 1) ❑ Female

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: _____

Please summarize your child's current or past medical history:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Child's Regular Doctor: _____

Phone #: ( ) _____

Would you like a nurse to contact you by phone prior to camp ❑ No ❑ Yes

If yes, please provide details (if possible) _____

_____

Please read and sign below:

- To the best of my knowledge, this Health Information Form is correct and the child herein described has permission to engage in all camp activities, except as noted.
- I agree to notify the Camp Office if there is any change in the health of the child herein described between the time of completion of this Health Information Form and their daily arrival at Camp.
- I hereby give permission for Bayview Glen Day Camp to release any records necessary for medical or insurance purposes.
- I hereby agree that the caregiver accompanying the child herein described will remain fully and solely responsible at all times or the care, safety, and supervision of the child. Bayview Glen Day Camp and its staff are in no way responsible nor liable for the supervision, safety or care of the child. Further, Bayview Glen Day Camp assumes no responsibility nor liability for the designated caregiver's safety and wellbeing while enjoying our facilities. I hereby warrant that to the best of my or my designated caregiver's knowledge, the designated caregiver(s) is in good health and will assume full and complete responsibility for his/her own health while attending munchkinland.

Authorization For Treatment:

- I hereby give my consent and permission for my child to receive treatment in the BVG Health Centre.
- I give permission for the child herein described to be given over-the-counter medication, if necessary for the treatment of fever, allergic reactions, coughs, headache or other minor complaints. I understand that these medications will only be given at the discretion of one of the camp nurses.
- I understand that in the event of an emergency, attempts will be made to contact me or the emergency contacts immediately. In the event that I cannot be reached in an emergency, I hereby give permission for my child to be transported to, assessed and treated in a hospital as deemed necessary in the circumstances.

Parent's / Legal Guardian's Signature: _____ Date: _____