

## Camper Information

Child's Name	Date of Birth		Age:
Home Address			Gender:
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home/Cell Phone	Work Phone	Home/Cell Phone	Work Phone

## Emergency Contacts

Emergency Contact #1	Emergency Contact #2		
Home Phone	Work Phone	Home Phone	Work Phone
Relationship to Camper	Relationship to Camper		

## Pick-Up and Drop-Off

Check Appropriate Response:     Goes Home Independently     Dropped Off / Picked Up

**Adults permitted to Pick-up from Camp Site. Note: Photo ID must be presented for pick-up.**

Name	Name		
Home/Cell Phone	Work Phone	Home/Cell Phone	Work Phone
Relationship to Camper	Relationship to Camper		
Name	Name		
Home/Cell Phone	Work Phone	Home/Cell Phone	Work Phone
Relationship to Camper	Relationship to Camper		

**Camper Information (continued)**

**Relevant Medical History:** Please check all that apply and provide details.

Allergies:  Yes  No

If Yes, is this allergy considered to be life threatening?  Yes  No

Please list allergies:

\*If your child suffers from a life-threatening allergy, please provide a photo of the child as well as 2 epi-pens.

Medical Conditions:  Yes  No

If Yes, explain:

Dietary Restrictions:  Yes  No

If Yes, explain:

Any additional information you would like to provide to help make your child's camp experience the most successful and rewarding:

**Parent/Guardian Permissions: Please initial beside each answer.**

**Independent Sign-Out Consent (11+ years only)**

I give my child permission, who is 11 years of age or older, to sign themselves in and/or out of the camp program. My child understands that they cannot sign out of the program until the program ends at 4:00pm.

Yes \_\_\_\_\_ No \_\_\_\_\_

**Borrowing Materials:**

I give my child permission to independently borrow materials from the library during camp hours. My child understands that the materials loaned on his/her library card are the responsibility of the cardholder. I understand that if I wish my child to do so, I must provide him/her with an active Vaughan Public Libraries card.

Yes \_\_\_\_\_ No \_\_\_\_\_

**Popcorn/Freezies Permission:**

I give my child permission to take part in and eat the popcorn and freezies provided at the camp, if offered, during movie screenings.

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_