



2015 SUMMER CAMP REQUEST FORM

WORKER'S NAME:	EXT:
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**Each request must be filled out in FULL by the WORKER in order for the child to be sent to camp*

CHILD INFORMATION:

Full Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (MM/DD/YY)	
Health Card #	
Family Doctor (name and phone number)	
T-Shirt Size	

Street:	
City:	
Postal Code:	

CONTACT INFORMATION:

Child Resides With:	GUARDIAN'S NAME:	HOME PHONE:	CELL PHONE:	EMAIL:
<input type="checkbox"/> MOTHER				
<input type="checkbox"/> FATHER				
<input type="checkbox"/> Other (Please Specify) _____				

EMERGENCY/SECONDARY CONTACT INFORMATION:

Name: _____ Phone: _____ Relationship to child: _____

CAMP INFORMATION:

Desired Camp:	Desired Week #1:	Desired Week #2:
1.		
2.		

MEDICAL/SPECIAL ACCOMODATIONS INFORMATION:

Is medication being sent to camp? If so, please include the medication in the original prescription bottle

YES NO

<i>Condition:</i>	<i>Name of Medication:</i>	<i>Dosage:</i>	<i>Routine For Medication:</i>

Please specify if there is any other information that the camp should be aware of regarding the camper:

Allergies Dietary Restrictions Special Assistance Bedwetting Fears Behavioural Issues
 Additional Supervision Needed Other (please specify) _____

If any of these are applicable, please provide any details that are important in order for camps to ensure family's and children's needs are met (i.e. what child is allergic to, information about child's behaviours etc.)
