

**MUST BE COMPLETED BY ALL PARTICIPANTS REGISTERING IN CAMP PROGRAMS.**

Please return PRIOR to camp, in person, via fax at 250.656.3360, or by e-mail at [info@panoramarec.bc.ca](mailto:info@panoramarec.bc.ca) when registering online.



## CAMP INFORMATION FORM

*Please Print (all information provided is kept confidential)*

### GENERAL INFO

Child's Name (last, first): \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Medical #: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

### ALLERGIES / MEDICAL CONCERNS / ETC

A) Does your child have any allergies (e.g. food, hayfever, bees, etc.)?

YES  NO

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

B) Is your child on any medication (e.g. insulin, ritalin, etc.)?

YES  NO

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

C) Are there any other concerns regarding your child we should be aware of?

YES  NO

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

### SWIMMING ABILITY

Is your child a swimmer?

YES  NO

Does your child require a lifejacket?

YES  NO

### PICK UP (person authorized to pick up your child)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

BUS  WALK HOME  PICK UP

### EMERGENCIES

I hereby authorize staff of Panorama Recreation to obtain the aid of a registered medical practitioner or ambulance services to initiate treatment for \_\_\_\_\_ in the event of his/her illness or accident, should attempts to contact the parent/guardians fail.

\_\_\_\_\_

Signature

Date

### FIELD TRIPS (if applicable)

I hereby authorize staff of Panorama Recreation to remove \_\_\_\_\_ from the premise for field trips.

\_\_\_\_\_

Signature

Date

### PHOTOGRAPHS

At times, we take photographs during the camp for promotional purposes only. Can your child be photographed?

YES  NO