

EMERGENCY/ MEDICAL INFORMATION FORM

Age:

Date of Birth:

cai information	(please specify for each ch	ild):	
Name	Emergenc	y Contact	Relation to Child
	Home:		
	Business:		
	Cell:		
	Home:	Home:	
	Business:	Business:	
	Cell:		
		OGRAM DEPARTURE/ARRIVAL no will be responsible for picking up yo	ur child(ren).**
Name		Relation to the Child	Phone Number
,	give peri	mission to all the people listed above to	pick up
(Parent/Gua	,	eation Program	(Child's name(s)

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA. Personal information on this form will be used for the purpose of assisting the Recreation Department in maintain a safe and secure program provided by the City of Guelph Recreation Department.

If you have questions regarding Recreation Programs please contact the Recreation Program Coordinators at camps@guelph.ca or 519.822.1260 X 2732 or 2704

If you have questions about this collection; use, and disclosure of this information, contact the City of Guelph's Access, Privacy and Records Specialist at 519-822-1260 x 2349 or privacy@guelph.ca