



CAMPER INFORMATION FORM

Child's First and Last Name _____ Date of Birth: _____ Age: _____

Child's First and Last Name _____ Date of Birth: _____ Age: _____

Child's First and Last Name _____ Date of Birth: _____ Age: _____

MEDICAL/ALLERGY/IMPORTANT INFORMATION

If your child requires medication to be delivered during camp please speak with staff to complete a medical consent form.

EMERGENCY CONTACT INFORMATION

Please list who we should contact if we need to relay any information during the day (usually parents/guardians).

	Name	Emergency Contact Information	Relation to Child
1		Home: _____ Cell: _____	
2		Home: _____ Cell: _____	

PROGRAM DEPARTURE

Please indicate who will be responsible for picking up your camper at the end of the day. ID will be required at pickup. If your child will be leaving camp on their own, add their name here too.

Name	Relation to the Child	Phone Number

PARK PERMISSION

Some camps travel to parks/playgrounds within walking distance from the camp location. Please sign below to indicate that you understand and give permission to leave camp with the group.

SUNSCREEN APPLICATION

We recommend and encourage sunscreen application before your child comes to camp. During the day, we are happy to help your child apply sunscreen unless advised otherwise. Please provide a labeled bottle of sunscreen for your child.

Signature: _____

Date: _____

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 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