



**CAMPER INFORMATION FORM- 2021**

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: \_\_\_\_\_

Parent/Guardian's First and Last Name: \_\_\_\_\_

**Medical Information**

Medication Name	Time of Dose	Dose Amount

Permission Signature: \_\_\_\_\_

**Emergency Contact Information**

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

**PROGRAM DEPARTURE/ARRIVAL**

**\*\*Please try your best to designate one individual to pick up and drop off camper for the entire week of camp\*\***

Please indicate who will be responsible for picking up your camper.

Name	Relation to the Child	Phone Number

Signature: \_\_\_\_\_

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

**Campers must wear a mask the entire week of camp. Initial : \_\_\_\_\_**

**Do you give consent for your camper to have their photo take at camp for City of Guelph promotional purposes?**

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

If you have questions regarding Recreation Programs please contact the Recreation Program Coordinators at [camps@guelph.ca](mailto:camps@guelph.ca) or 519.822.1260 X 2701 or 2678

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](mailto:privacy@guelph.ca)

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.

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