TOWN OF GEORGINA
Recreation and Culture Department

CAMP PARTICIPANT INFORMATION FORM

CAMP NAME: _____ CAMP DATE: _____

Participant Name:	Parent/Guardian Name(s):
Home Address:	
Phone Number:	Alternate Phone Number:
Emergency Contact Name:	Phone Number:

I hereby grant The Town of Georgina permission to reproduce and use, for promotional and all other purposes, photographs taken of my child during this camp: ☐ Yes ☐ No	Alternate Pick-Up: I give permission for the following people to pick-up my child. 1 _____ 2 _____ 3 _____ 4 _____
Do you give your child permission to walk to/from camp alone: ☐ Yes ☐ No	
I give my child permission to leave camp property with the camp staff to any of the listed out-trips (If applicable to your camp): ☐ Yes ☐ No	

Does your child have any allergies or medical conditions? (If yes, please list below):

_____

_____

Does your child need medication to be dispensed throughout the day? If yes, complete the information below (This includes use of auto-injectors):	
Child's Doctor:	Phone Number:
Name of Medication Dispensed:	
Medication Dosage:	Medication Time:
Medication is to be taken with:	
Any other additional information:	
*Please note that staff members are not permitted to administer medication to participants. Participants must self-administer.	

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____