TOWN OF GEORGINA Recreation and Culture Department



PARTICIPANT INFORMATION FORM

NAME:	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:	Alternate Pick-Up: I give permission for the following people to pick-up my child.
Yes No	1
Do you give your child permission to walk to/from the program alone: Yes No	2
I give my child permission to leave the property with the Town staff to any of the listed out-trips (If applicable to your the program):	3
Yes No	4
Does your child need medication to be dispensed throughout the day (This includes use of auto-injectors):	? If yes, complete the information below
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 med	lication to participants. Participants must self-administer.
Parent/Guardian Name (print):	
Parent/Guardian Signature:	
Date:	