

MEDICAL INFORMATION

Participant's Health Card Number

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Doctor's Phone

Participant's Doctor

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Doctor's Pager

Will the participant be carrying or requiring any medication to be taken/administered at the workshop(s)? (Please specify)

Does this participant have any other health or behavioral conditions we should know about?

Is there anything you would like us to know to help enrich your child's time at Click Camp?

We may contact you to fill out a questionnaire to assist us as follow up.

All information will be held in strict confidence. Information shared promotes a more positive workshop experience.

PARENTAL CONSENT FOR USE OF EPI-PEN

Does the camper require an Epi-Pen?

Yes No

Epi-Pen location:

2nd Epi-Pen carried? Yes No

In the event of an emergency, I give permission for a Staff Member trained in Emergency procedures and First Aid to assist my child in administering their personal Epi-Pen.

Yes No

PARTICIPANT'S ALLERGIES

You are required to fill out this section if your child has a known or suspected allergy and is at risk for allergic complications and/or anaphylaxis.

This child has a dangerous life-threatening allergy to the following substances:

1.
2.
3.
4.

This child will react to the above listed substances upon:

Inhalation Contact Ingestion

Please list any detailed information about your child's allergy:

Symptoms (known) specific to your child (0 – 15 minutes after consumption or contact):

Any other medication to be given, with specific instructions:

I understand that, in registering for Click Camp workshops, my child may be involved in physical activities and that, with any physical activity, there is risk of injury. In the event of an emergency, I authorize the physician in the emergency care unit selected by Click Camp staff to secure proper treatment for the child indicated above.

I also authorize photography and videotaping of the above named participant, or any musical compositions he/she produces as part of enrolling in the program for Click Camp workshops, for archival documentation purposes and to authorize publication of this material and any artwork produced, in any media, for promotional or educational purposes.

Photography/Video authorization: Yes No

I agree to the above terms and have ensured that all the information given is accurate and up to date and that if there are any changes that it is my responsibility to inform Click Camp.

Signature of Parent or Guardian

Date