

DROP OFF/PICK UP INFORMATIONThis participant will only be released to the Parents/Guardians listed in addition to the

Relationship to the participant

Relationship to the participant

Check here if Person #2 is also an emergency contact (see right)

Check here if Person #1 is also an emergency contact (see right)

individuals listed below.

Daytime Phone

Alternate Phone

Daytime Phone

Alternate Phone

1.

2.

Name

Name

Please email to <u>info@click-camp.com</u> or mail to: Click Camp, 136 Withrow Avenue, Toronto, ON M4K 1C9

PARTICIPANT'S INFORMATION	
Child's Name	Age Gender M F
Birthdate Day Month Year	
Address / City / Postal Code	
•	
Parent/Guardian's email address (please list one	you check on a regular basis)
PARENT/GUARDIAN INFORMATION	
st Parent/Guardian's Name	2nd Parent/Guardian's Name
Best Contact # Cell Home Work	Best Contact # Cell Home Wo
Cell Phone	Cell Phone
Home Phone	Home Phone
Work Phone	Work Phone
EMERGENCY CONTACTS	
List here the two required emergency contacts f	or this participant in the event that the Parent
Guardians cannot be reached.	
1.	2.
Name	Name
Delationship to the participant	Polationship to the participant
Relationship to the participant	Relationship to the participant
Relationship to the participant	Relationship to the participant
Relationship to the participant Daytime Phone	Relationship to the participant Daytime Phone

MEDICAL INFORMATION	
	Participant's Health Card Number Participant's Doctor
	Doctor's Phone Doctor's Pager
Will the participant be carrying or requiring any	PARTICIPANT'S ALLERGIES
medication to be taken/administered at the	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.
workshop(s)? (Please specify)	This child has a dangerous life-threatening allergy to the following substances:
	1. 2.
	3.
	This child will react to the above listed substances upon:
Does this participant have any other health or behavioral conditions we should know about?	Inhalation Contact Ingestion
Is there anything you would like us to know to	Please list any detailed information about your childs' allergy:
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.	Symptoms (known) specific to your child (0 – 15 minutes after consumption or contact):
	Any other medication to be given, with specific instructions:
PARENTAL CONSENT FOR USE OF EPI-PEN	
Does the camper require an Epi-Pen?	
Yes No	
Eni Don lo cation	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
Epi-Pen location:	authorize the physician in the emergency care unit selected by Click Camp staff to secure proper
2nd Epi-Pen carried? Yes No	treatment for the child indicated above. I also authorize photography and videotaping of the above named participant, or any musical
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.	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.
Yes No	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