

Make 2 copies - 1 copy to Camp, 1 copy to Chaperone

The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation including, but not limited to, the Personal Information Protection and Electronic Documents Act (2000, c.5).

CAMPER'S NAME: _____

Date of Birth (dd/mm/yy) _____ / _____ / _____
Gender _____ Age _____ Height _____ Weight _____
Health Card Number: _____

Parents/Guardians: _____
Address: _____ City: _____ PC: _____
Telephone Home: _____ Work: _____ Cell: _____

Alternate Emergency Contact (if parents/guardians cannot be reached):

Name: _____ Relationship to camper: _____
Telephone Home: (____) _____ Cell: (____) _____

Chaperone: _____ Cell: _____

Family Physician's Name: _____
Address: _____ City: _____ Telephone: (____) _____

Please check if the camper has/had any of the following:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Ear Troubles | <input type="checkbox"/> Strep Throat | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Seizure Disorders |
| <input type="checkbox"/> Toothaches | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Stomach Problems |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Red Measles | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> ADD/ADHD | |

Please explain any information about special conditions: _____

Special Diets:

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Celiac |
| <input type="checkbox"/> Lactose Intolerant | <input type="checkbox"/> Vegan (no meat or dairy products) |
| <input type="checkbox"/> Partial Vegetarian: | <input type="checkbox"/> eats chicken |
| <input type="checkbox"/> eats dairy | |
| <input type="checkbox"/> eats eggs | |

Is the chaperone listed aware of health and dietary restrictions? _____

I will also notify the chaperone if my child has any changes in his/her medical condition between the time I send in this Camper Health Form and the Opening Day of the camp session.

Parent's/Guardian's Signature: _____ Date: _____

EVERY EFFORT WILL BE MADE TO NOTIFY THE PARENTS/GUARDIANS IF THERE IS ANY SITUATION REQUIRING THE DOCTOR'S ATTENTION AT THE ABOVE LISTED NUMBERS.

**Please return along with the Camper Information Form to the Registrar:
1) At PPG Fun Day, June 1 or 2) by mail prior to June 1 to: Jacqui Dennis
8189 Wellington Rd 124, RR#1 Guelph, N1H 6H7**