

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:

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

Please explain any information about special conditions: _____

Special Diets:

- None
- Lactose Intolerant
- Celiac
- Vegan (no meat or dairy products)

- Partial Vegetarian:

- eats dairy
- eats eggs
- eats chicken

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**