SPORTS CAMP HEALTH FORM

Participant Name: _____ Date of Birth: _____
mm/dd/yyyy

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Participant:_____

Home Phone: _____ Secondary Phone: _____

MEDICAL INFORMATION

Does the participant have any allergies or medical information we should be aware of? ☐ No ☐ Yes

If yes, please indicate: _____

Does the participant require an auto-injector (e.g. epinephrine)?: ☐ No ☐ Yes

If yes, where is their auto-injector? _____

Any additional allergy details _____

Please list any medications that your child is currently taking: _____
Important Note: If the participant requires medication while at camp we ask that you make arrangements to administer the medicine throughout the day. We will not administer any medicine at camp.

Are there any other concerns that may affect the participant's ability to join in camp activities?

DISCLAIMER

I am the legal guardian of the participant with full authority to make decisions with respect to the care, upbringing, and education of the applicant.

I agree and comply that all of the medical information provided on this form is true and accurate – lacking nothing. I hereby release the participant to the care and medical discretion of the staff at Scripture Union, the church and volunteers. In the event of an emergency and that no one can be immediately contacted, my child will be taken to the hospital or a physician to be treated if deemed necessary by one of the camp staff, church staff or volunteers. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

Parent/Guardian Signature_____ Date_____

Additional support may be available for participants with special needs.
Visit www.sucamps.ca/every-kid-can-play for more information re: medication, special accommodations, etc.