



GLENBROOK DAY CAMP

2008

Health Form

11737 McCowan Rd. Stouffville, ON. L4A 7X5, Tel.: (905) 640-2127, Fax: (905) 640-5263
www.glenbrookdaycamp.com info@glenbrookdaycamp.com

HEALTH HISTORY:

A physician's examination is not required. Please complete this information to the best of your knowledge.
Please inform the camp office in writing of any changes to your child's health prior to their arrival at camp.

Camper Name: _____

Health Card #: _____

Family Doctor: _____ Phone # _____

Does your camper have any allergies? Yes _____ No _____

If yes, what are they allergic to? _____

Does this allergy require an epi-pen? _____

Does your camper take any medication? Yes _____ No _____

If yes, what medication? _____

Please list any medication and doses that your camper will be taking at camp: _____

Please note that all medication must be in its' original container and all instructions attached.

Are there any activity restrictions while at camp? _____

Is there any behaviour/special considerations that the camp should know about in order to better facilitate their experience.? _____

PARENT'S AUTHORIZATION

I hereby give consent for my child to participate in the full Glenbrook program and all activities unless I advise you in writing. I give permission for Glenbrook Day Camp to use any photograph my child is in for promotional material. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless Glenbrook Day Camp (GDC) / Willowgrove and its officers, servants or assigns from any liability concerning our child's involvement in the GDC / Willowgrove programs and further agree that the use of all GDC / Willowgrove facilities is made at the risk of the registrant. In case of surgical emergency, I hereby give permission to the physician selected by the camp director, to hospitalize, to secure proper treatment for and to order injection, anesthesia, or surgery for my child, as named on this form. Every effort will be made to contact a parent/guardian in the case of emergency.

_____/_____
Parent/Guardian Signature Date