

**Camper Information**

<b>Last Name</b>		<b>First Name</b>	
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**Medical Information**

<b>Doctor's Name</b>		<b>Phone</b>	
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<b>Medical Concerns/Conditions:</b>	<b>YES</b>	<b>NO</b>	<b>Allergies:</b>	<b>YES</b>	<b>NO</b>	<b>EpiPen:</b>	<b>YES</b>	<b>NO</b>
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If you responded "YES" to any of the above items, please list any detailed medical information, including diagnosis and medications so that staff are able to provide the best care possible for your child. Also be sure to complete the following Medication and Dosage section if medication is required during the camp day.

**Notes:**


**Medication & Dosage**

**All medication is to be sent to program in the original, clearly marked container with amount for 1 day ONLY**

<b>Medication</b>		<b>Amount to be Administered</b>	
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<b>Time Required</b>		<b>AM</b>		<b>AM</b>		<b>PM</b>		<b>PM</b>
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<b>Taken with Food or Drink?</b>	<b>YES</b>	<b>NO</b>	<b>Taken on Empty Stomach?</b>	<b>YES</b>	<b>NO</b>
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**Please be specific:**

<b>Will the medication restrict participation?</b>	<b>YES</b>	<b>NO</b>	<b>Special Storage Instructions:</b>	
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**Notes:**


I the undersigned, give the City of Hamilton, Recreation Division staff permission to administer or ensure the above medication is taken by my child as per the information outlined on this form.

<b>Signature</b>		<b>Date</b>	
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**Parent/Guardian Consent:** I hereby release the City of Hamilton from all claims or damages arising from participation of the applicant hereon during any program or in any location where a program is held (i.e. field trips, organized swim, etc.), except where such damage or injury, results from the negligence of the City of Hamilton and/or its employees. Permission is hereby granted to the Division and its representatives to transport my child to a local Doctor or hospital for medical treatment if necessary

**Signature**

**Date**

The collection, use and disclosure of personal identifying information submitted on this Camper /Medical information form is governed by the Municipal Act, R.S.O. 1990, C.M.56. Personal identifying information will be used by the City of Hamilton, Recreation Division. The City of Hamilton will make every reasonable effort to protect the applicant's personal information. Questions about the collection, use and disclosure should be directed to Recreation Manager at (905) 546-3747or 77 James Street North, Suite 400, Hamilton.