# Huron Feathers Day Camp

## Consent Form and Medical Release

**Both sides of this form must be completed, signed and returned to Huron Feathers in order for your child to participate in the Day Camp.**

**All information collected is CONFIDENTIAL and for the sole purpose of Huron Feathers Presbyterian Centre. It will not be shared with third parties. Only persons with legitimate need will have access to any information obtained. I consent to and give my child permission to participate in the following:**

| | |
|---|---|
| **Activity:** | **Huron Feathers Day Camp** |
| **Location:** | **Huron Feathers Presbyterian Centre & Sauble Beach (at 3rd St. N.)** |
| | **303 Lakeshore Blvd. N. Sauble Beach, ON** |
| **Phone:** | **548-365-2096 (Centre)** |
| **Time:** | **9:00 am to 12:00 pm each day** |
| **Dates:** | _____ |

Child's name: _____ Date of Birth: dd/mm/yyyy _____

Gender: ____ Parents/Step-parents/Guardians: _____

Local Address _____

Local Phone # (home / cottage) _____ (mobile)_____

Permanent Address _____ Postal Code_____

Permanent Phone # _____ School grade (Sept/25): _____

Email address: _____

Alternate emergency contact name and phone # _____

**PLEASE READ AND SIGN:**

1. I confirm and consent to my child participating in various indoor and outdoor activities during Day Camp. Children will be supervised by the staff of Huron Feathers Presbyterian Centre. All reasonable precautions for the safety and health of the participants will be taken. Children will be properly supervised in all activities.
2. In the event of accident or sickness, I hereby release Huron Feathers Presbyterian Centre, its Board, staff and volunteers from any liability.
3. In the event of injury requiring medical attention, I authorize treatment for my child FIRST AID/AND OR AMBULANCE and understand that reasonable attempts will be made to contact me should such a situation occur.
4. We ask that cell phones be left at home as we cannot be responsible for them during Day Camp and beach time.
5. I confirm that my child is covered by provincial health insurance or equivalent medical coverage.
6. I consent to any photos or videos taken of my child during the course of Day Camp activities being published on future Huron Feathers promotional flyers, Huron Feathers website, Facebook page etc. Only staff and Board members are allowed to take pictures.
7. ____ Yes ____ No

Only staff and board members are allowed to take pictures.

Signature of Parent/Guardian: _____ Date: _____

Print name: _____

# Allergies/Medications/Medical concerns:

Does your child have any severe allergies? (bee stings, food, nuts **, penicillin, other drugs) YES ___ NO ___

If yes, please explain: _____

**Children are required to bring their own water bottle or bottled water each day for Day Camp .**

Does your child have any life-threatening allergies? ** YES ___ NO ___

If yes, please explain: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? YES ___ NO ___

If yes, please explain: _____

Date of last Tetanus shot: _____

Is your child bringing any medication with him or her? (Epi-pen, antibiotics, Ventolin, Ritalin) YES ___ NO ___

If yes, please explain: _____

Provincial Health Insurance Number _____

Name of Family Physician _____

Physician's Phone Number _____

**PLEASE INFORM CAMP DIRECTOR IF THERE ARE ANY CUSTODIAL CONCERNS FOR YOUR CHILD.**
You may release my child to any of the following individuals OR my child may be transported by any of the following individuals. Please include full name and relationship to the child)

1. _____

2. _____

3. _____

**Campers having potentially life-threatening conditions such as peanut allergies are required to carry at least one set of medication, be familiar with its use.

We would ask parents who have any concerns to please contact a Board member with your concerns and NOT staff.

By signing below, I confirm that the above medical information is accurate and complete:

_____

Parent/Step-Parent/Guardian's signature Date

_____

Print name