

# Camper Information Form

Camper's Name \_\_\_\_\_

Age \_\_\_\_\_ Gender: ☐ M ☐ F Home Phone # \_\_\_\_\_

Parent//Guardian Name: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

## Parental Consent

I give permission for \_\_\_\_\_ to participate in Vaughan Public Libraries' (VPL) Computer Camp and I assume the risks that may accompany such participation.

I agree that the Vaughan Public Library Board, its officers, directors, employees and volunteers shall not be liable to any injury, loss or damage to my child or my child's property arising or resulting from participation in VPL's Computer Camp.

I give permission for photograph(s)/video(s) taken of my son/daughter at VPL's computer camp and their computer creations to be used by Vaughan Public Libraries/and or the media in electronic and print publications, and online communication vehicles to promote the Libraries' programs and services.

☐ Yes ☐ No

I give permission to Vaughan Public Libraries staff to release my child into the custody of:

_____	_____	_____
Name	Relationship	Phone #

*\* Children under the age of 11 may not be left unattended in the library before or after the program.*

## Medical/Health Information (This information is kept confidential)

Camper's Name \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Does your child have allergies? ☐ Yes ☐ No Is your child taking any medications? ☐ Yes ☐ No

Please specify: \_\_\_\_\_

Does your child carry an epi pen? ☐ Yes ☐ No

Is this allergy considered to be life threatening? ☐ Yes ☐ No

Is there any additional health, learning or behavioural information that is important for us to know?

Please specify: \_\_\_\_\_

## Emergency Contact Information (Parent/Guardian)

### Primary Contact

_____	_____	_____
Name	Relationship	Phone #

### Secondary Contact

_____	_____	_____
Name	Relationship	Phone #

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_