

Registration & Health Form Brigden VBS or Music Day Camp

Mail or deliver to: H.A.M. Box 63 Alvinston Ont., N0N 1A0

I'm attending:

- ☐ Brigden VBS
☐ Music Day Camp

Name of Camper: _____

Grade Sept. 2019 _____ **M/F** _____

Date of Birth _____

Parent/Guardian _____

Address _____

City _____ Province _____

Postal Code _____ Phone# _____

E-mail (**required**): _____

Phone # _____

Other Contact _____

Phone # _____



Information is protected & used in accordance with the Privacy Act.

Health Record

Information is used in accordance with the Privacy Act.

Name _____ **Health Card #** _____

Version Code (If applicable)

Doctor's Name & Number: _____

Allergies? (Food, Drugs) Y/N _____ If yes please specify _____

Other Health Information we should know _____

What medication will be required at Camp if any? _____

In signing this application, the parent/guardian issues to the director & staff of the event consent to the following:

1. In the event of an emergency, every effort will be made to contact me. However, if I cannot be reached, I authorize the director or staff to refer my child to medical authorities on my behalf and authorize the medical authorities to provide diagnosis and treatment.
2. I authorize the director or designated first aid staff to administer medications I have sent for the camper during his/her stay.
3. I consent to the use of photos/videos of my camper for HAM/Hope United Church & partners for publication & promotional purposes.

Signature of parent/guardian

Date: _____