



BLBC – CHILD'S INFORMATION RECORD

Please print clearly

Child's Information

Name _____

Age _____ Date of birth (DD/MM/YY) _____

Medicare Number _____ Medicare Expiry _____

Conditions or Concerns

Allergies _____

Medical conditions _____

Behavioural _____

Parents are responsible for informing the BLBC Manager if their child requires medication or allergy relief

Parents' Information

Name (s) _____

Name and S.I.N. of parent (for tax purposes) _____

A releve 24 for camps will be issued for the current assessment year.

By submitting this form, I hereby authorize the Brome Lake Boating Club staff to take all necessary steps to ensure my child's wellbeing and safety in case of emergency

I understand my child must adhere to the BLBC Code of Conduct

Signed _____

Date _____
