



Kids Camp Personal Information Form July, 2023

Date of Admission:

Date of Discharge:

Indicate Week(s) Registered: Week#1 Week#2 Week#3 Week#4

Student's Name

Surname

First

Middle

Address

House

City

Province

Postal code

Phone (H)

Birthday

Mother/Guardian

Home Address (if different than child's)

Place of Employment

Address

Phone (H)

(W)

Cell

E-mail

Father/Guardian

Home Address (if different than child's)

Place of Employment

Address

Phone (H)

(W)

Cell

E-mail

Doctor Name

Doctor Address

Doctor Phone

Health Card

(optional)

Allergies

Previous Illnesses & Injuries

Emergency contacts if unable to reach parent:

1. Phone

2. Phone

Names of persons to whom child may be released: 1.

2. 3.

Signature of Parents/Guardians

X

Date

X

Date