



MEDICAL INFORMATION

JCC of Ottawa Summer Camps 2020

Please indicate your child's camp Day Camp Traveling Sports Camp Specialty Camps

Camper

Camper's Name: _____ Male Female

Address: _____

Date of Birth _____ Grade as of Sept. 2020 _____ Age as of June 1, 2020 _____
month/day/year

Previous Camps Attended: _____

Siblings at Camp: _____

Last Swim Level Completed: _____

Instructional Swim included in Day Camp and Traveling Sports Camp

Parent/Guardian

Primary Contact:

Name: _____

Phone 1: _____ Phone 2: _____

E-Mail: _____

Secondary Contact:

Name: _____

Phone 1: _____ Phone 2: _____

E-Mail: _____

If custody arrangements exist please include a note explaining the situation as it pertains to the child at camp.

If a parent or guardian is not available, in case of emergency please contact:

1. Name: _____

Relationship: _____ Phone: _____

2. Name: _____

Relationship: _____ Phone: _____

Medical

Camper's Name: _____

Health card number: _____ Doctor: _____

(optional)

Please mark the answer as it pertains to your child:

Fully immunized

If no please attach an exemption forms

Yes

No

Prone to stomach aches

Yes

No

Asthma

Yes

No

Seizures

Yes

No

Allergies

Please submit the Allergy Information Form with a picture of your child

Yes

No

Carry an Epi Pen

If your child carries an Epi Pen please submit the Allergy Information Form with a picture of your child.

Yes

No

Is your child on any regularly scheduled medications? Yes No

In the event that the camp will be administering medication please provide the original container with dosage instructions to the camp office on your child's first day at camp.

For severe medical conditions such as diabetes, heart conditions, epilepsy etc. please include a letter explaining the child's condition and include a photo of your child.

Is your child able to participate in all physical activities at camp? Yes No

If no please explain:

Does your child have behavioural or emotional challenges that might affect their ability to relate to staff and/or campers? Yes No

If yes please explain:

Does your child have any special needs, anxiety or fears about attending camp? Yes No

To expand on this information or if there is more that you would like us to know about your child as it pertains to camp please include a separate note with your camp forms and/or contact the camp office.

To the best of my knowledge this child is in good health and is physically able to participate in all camp activities unless previously indicated. I will notify the camp if there is any change to the child's medical condition prior or during camp.

Parent / Guardian Signature _____ Date _____