

Has your camper had psychiatric treatment or have you ever consulted a psychologist or any counseling professional in this field?

Yes No **If yes, please give us details by phone or letter.**

Does your camper have any on going medical concerns or chronic illness? _____

Has your camper ever had an eating disorder or displayed similar symptoms? _____

Please state any physical or emotional abnormalities and any other information that may be useful to the camp physician: _____

Does your camper have any medical or physical limitations that would restrict participation in any camp activities?

Please detail: _____

Is there any special treatments, injections, diets or medicine to be administered at camp? Any required materials should be brought with the camper in sufficient quantity to last their stay. Please detail:

Please note: medications – prescription or over the counter drugs, will be administered only if they are properly labeled with written instructions detailing how to dispense the medication.

Please verify the full-immunized status of the child against all of the following if applicable:

____ Pertussis ____ Tetanus ____ Diptheria ____ MMR ____ Meningitius (Menjugate/Prevnar)

____ Hepatitis A ____ Hepatitis B ____ Polio ____ Chicken Pox (Varicella) ____ Flu Shot

Please indicate the date of your camper’s most recent Tetanus Booster (yy/mm/day): _____

Please indicate by checkmark if the camper has had any of the following:

____ Chicken Pox ____ Measles, red ____ Measles, German ____ Heart Condition ____ Seizures of any kind ____ Abdominal pain

____ Asthma ____ Whooping Cough ____ Sleep Walking ____ Hay Fever ____ Mononucleosis ____ Ear trouble ____ Hepatitis

____ Emotional Illness ____ Frequent Colds ____ Dental Problems ____ Rheumatic Fever

Please detail any recent problems or elaborate on the above: _____

Has the camper broken any bones? (y/n) _____ (Detail) _____

Any other medical information: _____

EMERGENCY CONTACT INFORMATION:

When either parent(s) are unable to be reached please contact:

1) Name: _____ Home Phone: _____ Mobile: _____
Work Phone: _____ Summer Phone: _____ Pager: _____
Email Address: _____ Relationship with camper: _____

May this person authorize medical treatment in the event a parent cannot be contacted in a medical emergency: (YES/NO) _____

2) Name: _____ Home Phone: _____ Mobile: _____
Work Phone: _____ Summer Phone: _____ Pager: _____
Email Address: _____ Relationship with camper: _____

May this person authorize medical treatment in the event a parent cannot be contacted in a medical emergency: (YES/NO) _____

3) Name: _____ Home Phone: _____ Mobile: _____
Work Phone: _____ Summer Phone: _____ Pager: _____
Email Address: _____ Relationship with camper: _____

May this person authorize medical treatment in the event a parent cannot be contacted in a medical emergency: (YES/NO) _____

I have fully disclosed all medical, psychological and/or emotional problems or concerns. I hereby give permission to the physician/and or camp staff selected by the Camp Director to hospitalize, secure proper treatment for, and/or to order and secure necessary related transportation, injections, anesthetics or surgery for my child as named above. I hereby waive, release and absolve and agree to indemnify and save harmless the camp and their respective officers, employees and agents from all liability arising from my child's participation in their program, except such as results solely from its or their willful neglect or willful default. I confirm that my child is capable in participating safely in a full program including all trips/canoe trips and activities unless I advise you otherwise in writing and I acknowledge that such participation involves risks and hazards incidental thereto all of which assumed by me. I agree to be responsible for any extra medical expenses incurred by my child or by the camp on behalf of my child. I acknowledge that any medical treatment will be performed in the Province of Ontario and that the Courts of Ontario shall have jurisdiction over any claim, legal disputes or commencement of a legal proceeding against camp and/or the camp medical staff, (which includes the camp's physician or nurse) alleged breach of contract, or alleged negligence or other claim that leads to the commencement of a legal proceeding of a legal proceeding against the camp and/or the camp medical staff. I hereby agree that if I commence any such legal proceedings they will be held only in the Province of Ontario and I hereby irrevocably submit to the exclusive jurisdiction of the Courts of the Province of Ontario. I further agree that the resolution of any and all disputes arising between the camp and/or its medical staff shall be governed and construed in accordance with the laws of the Province of Ontario.

Parent/Guardian's Name: _____

Signature: _____ Date: _____

METHODS AND CONDITIONS OF PAYMENT

1. Telephone or verbal reservations cannot be accepted. Camper applications must be made in writing and are considered in the order they are received by the camp office.
2. Each application form, must be completed in full and SIGNED by a parent or legal guardian.
3. All fees shall be considered due and owing at time of application.
4. 2% interest per month will be charge on unpaid balances after June 1st, and NSF cheques are subject to a \$30 service charge.
5. There are no refunds after May 1, 2012. Cancellations prior to May 1, 2012 are subject to a \$50 administration fee.
6. Please make all cheques payable to Camp Timberlane.

