

City of  
**PICKERING**

**Camper Information Form**

Camper Name: \_\_\_\_\_ Camper Age: \_\_\_\_\_

Name of Camp Attending: \_\_\_\_\_

Please indicate which weeks your child will be attending this camp: \_\_\_\_\_

**Contact #1: \*Please order in who should be contacted first\***

<b>Parent/Guardian Name:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Preferred Contact Method:</b>	

**Contact #2:**

<b>Parent/Guardian Name:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Preferred Contact Method:</b>	

**Contact #3:**

<b>Parent/Guardian Name:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Preferred Contact Method:</b>	

**List of anyone approved to pick-up child: \*please note photo ID will be requested upon pick-up\***

<b>Name/Relationship To Child:</b>	
<b>Contact Info:</b>	

<b>Name/Relationship To Child:</b>	
<b>Contact Info:</b>	

<b>Name/Relationship To Child:</b>	
<b>Contact Info:</b>	

<b>Name/Relationship To Child:</b>	
<b>Contact Info:</b>	

**Model Release Permission:**

I consent that the City of Pickering have publishing permission and rights to use recorded media (photograph / video) taken of my child on this date. By signing this consent, I understand that any media recorded will be used as appropriate, for the sole promotion of The Corporation of the City of Pickering, including the City's website, social media sites and print materials. The City will not sell media files, photographs, prints or reproductions of the original under any circumstance without my written consent and permission. I hereby **waive any right** to inspect and/or approve the finished product that may be used in connection therewith or the use to which it may be applied. I have read the above authorization and release, prior to its signature by me. I understand the authorization, and I have had the opportunity to have it explained to me, and that any questions that I may have with respect to the authorization have been answered to my satisfaction.

Signature Of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Only complete below if your child requires medication / epi pen while at camp.\*\***

**Name of Medication to be taken:** \_\_\_\_\_

**Medication dosage information:** (please provide in detail if more than one medication is to be taken per day).

a) **Number of times medication is to be taken daily:** \_\_\_\_\_  
(e.g. 2 times daily)

b) **Times medication is to be taken each day:** \_\_\_\_\_  
(e.g. 9:00 am and 1:00 pm)

**Potential side effects from this medication:**

\_\_\_\_\_  
\_\_\_\_\_

Please be advised that camp staff do not administer medication and are not responsible for the delivery of medication to the camp location, should the medication be forgotten. Also, sunscreen and bug spray will not be provided or applied by camp staff, though staff will remind campers to apply and reapply at regular intervals throughout the day.

**I have read and understood the information above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Epi Pen Utilization: (Only sign below if applicable to your child)**

I give the Camp Counsellor, Assistant Director and Director, permission to administer an Epi Pen to my son/daughter in the event of an emergency requiring an Epi Pen.

**(Please note: We do not supply Epi Pens)**

**Allergic to:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_