



**Health Information**

*Calvary Christian Academy recognizes that during physical activity there is an increased risk of injury and will do our best to provide your children with a safe learning environment. In case of emergency, please provide the following information.*

**General Information**

Camper's Name \_\_\_\_\_ Gender \_\_\_\_\_  
Birthdate (MM/DD/YYYY) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

**Health Information**

Health Card Number \_\_\_\_\_  
Code (If any) \_\_\_\_\_ Expiry Date (If any) \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical conditions your child has as well as any special consideration they may need:

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

**Emergency Contact**

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relation to Camper \_\_\_\_\_ Alt. Phone Number \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_