



Kids Camp Personal Information Form, 2020

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 _____ X _____
Date _____ **Date** _____