

THE HOLLOWES DAY PROGRAM MEDICAL INFORMATION

1. CAMPER'S NAME 2. Age.....

3. Ontario Health Card No:..... 4. Other medical insurance.....

5. Summer address..... Phone.....

6. If camper has had any of the following, please check:

Chicken Pox	Asthma	Measles, red	Hay Fever
Measles	Heart condition	Fainting	Diabetes
Stomach aches	Sinus trouble	Whooping Cough	Other

7. State what recent operations, illnesses or injuries camper has had and give details

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8. Doctor's name:..... Phone

9. Person to be contacted if parent or guardian cannot be reached.

Name:..... Phone

Address:.....

Relationship:.....

10. Please list any allergies:.....

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11. Identify and give instructions for any medication which will be brought into camp:

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All medication must be given to the directors at the time the camper is checked in.

Has your child ever received guidance or therapy from a psychologist or psychiatrist OR have you ever consulted a professional in either of these fields regarding your child? Yes

Do you think there may be any emerging behavioural issues we should be aware of? Yes

If "yes" to either of these questions we would appreciate more information. (A telephone call or letter)

To the best of my knowledge my child is in good health and is physically able to participate in camp activities. I give the camp permission to contact my child's physician if more information is required. In case of surgical emergency and we are not immediately available for consultation, I, hereby, give permission to the physician selected by the camp director to hospitalize, and secure proper treatment for my child.

I understand that this information is strictly confidential, will not be disclosed, and agree that it may be stored under secure conditions by The Hollowes Camp.

I hereby absolve and release The Hollowes Camp Ltd. and their directors, officers, employees, instructors and agents from any and all claims for damages or injuries sustained by my child or myself resulting from any activities, training, race, or competition sponsored by or carried on by The Hollowes Camp Ltd. I hereby consent to the use by the Camp of the camper's photo for any of the Camp's purposes including publicity.

Signature of Parent or Guardian..... Date