



Camper Information					
<b>Camper Name:</b>		<b>Preferred Name:</b>			
<b>Date of birth:</b>		<b>Identifying Gender:</b>			
<b>Age as of July 1<sup>st</sup> 2024:</b>					
<b>Home Address:</b>					
Street Address		Apt#			
Code	City	Province	Postal		
<b>Family Email:</b>					
<b>School/Program:</b>		<b>Grade as of Sept 2024:</b>			
Parent/Guardian Information:					
In the case of separation or divorce, please indicate with whom the camper lives and who should be our primary contact.					
<b>Parent/ Guardian:</b>	<b>Relationship to camper:</b>				
	Title	Surname	Given Name		
<b>Main Phone #:</b>				<b>Alt. Phone:</b>	
<b>Email :</b>					
<b>Home Address if different from campers:</b>					
	Street Address		Apt #		

City	Province/State	Postal/Zip Code	Country

If you are not the legal guardian or substitute decision maker for the camper please provide the name of the individual and their contact information.

Name:

Contact information

How did you hear about Camp Concord

**All first year campers get a shirt, what size would you prefer:**

**If you are a returning camper would you like a shirt, if so size:**

**Session Preference:**

Please check one

**Month Sessions:**

	Session A	July 7th - Aug 3rd	\$6590
<b>2 week Session:</b>			
	Session B	July 7th - July 20th	\$3825
	Session C	July 21st - Aug 3rd	\$3825
<b>1 week Session:</b>			
	Session E	July 7th - July 13th	\$2288
	Session F	July 14th - July 20th	\$2288
	Session G	July 21st - July 27th	\$2288
	Session H	July 28th - Aug 3rd	\$2288

**\*. Please note that if you would like other dates not listed contact the office. \***

**\* Acceptance into the program is dependent on upon meeting eligibility criteria and available space. \***

**Payment: \* MADE OUT TO CAMP CONCORD \***

**Terms and Conditions:**

I approve my individuals participation in all of the camp's activities, unless I have otherwise advised Camp Concord Inc in writing. I acknowledge that such participation involves risks and hazards incidental thereto. I agree to release and indemnify Camp Concord Inc, the YMCA and its officers, directors, employees and agents of all liability arising therefrom, except such as shall arise solely as a consequence of its or their willful negligence or willful default. I grant Camp Concord Inc permission to use any photos taken of my child in their promotional materials.

**Dismissal: THE CAMP DIRECTOR HAS THE DISCRETION TO DISMISS THE CAMPER IN THE EVENT THAT THE CAMPER BREACHES CAMP CODE OF CONDUCT. THIS INCLUDES SELF INJURIOUS BEHAVIOURS, VIOLENCE TO OTHERS, INCREASED SUPPORT TO 1:1 MODEL, AND DESTRUCTION OF CAMP PROPERTY. THERE WILL BE NO REFUNDS OF FEES UNDER ANY CIRCUMSTANCES OF DISMISSAL.**

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Signature of Parent/Guardian

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Date

# MEDICAL FORM

Camper Information		
<b>Camper Name:</b>		
<b>Date of birth:</b>		
<b>Home Address:</b>		
Apt #	Street address	
Postal Code	City	Province
Medical Information:		
Ontario Health Card (OHIP):		
Other Insurance Coverage:		
If insurance is NOT indicated, any medical expenses for services rendered by a hospital/physician will be billed to you.		
Name of carrier		
Family Physician:		Phone Number:
Emergency Contacts		
Name Relationship	Phone Number	
Name Relationship	Phone Number	
Name Relationship	Phone Number	
<b>In the case of an emergency please indicate a substitute decision maker for medical purposes:</b>		

**Dietary Requirements**

Please list any dietary requirements that your child may have:

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Please describe as necessary:

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**Immunizations:**

Please check that the campers immunization are current and provide the date for the following:

Pertussis	COVID-19	Measles	Tetanus

**Medications from home:**

All medications brought to camp (with the exception of epi-pens and inhalers) will be locked up.

Please list any medications that your child currently takes (including dosage and frequency).

Medication	Dosage	Frequency

**Medications at Camp**

May the following over-the-counter medications be given to your child while at camp, if deemed necessary by the nurse?

Tylenol:	Advil:
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Antacides:	Antihistamines (Benadryl)
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Gravol:	Cough and Cold medication:
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<b>Medical Conditions:</b>	Please check off those that apply
Sleep Walking:	Thyroid Disease:
Bedwetting:	Headaches/Migraines:
Heart Problems:	Motion sickness:
Nosebleeds:	Allergies:
Urinary Tract Infections:	Mobility Issues:
PICA:	Choking hazards:
Athletes foot:	Fainting:
Sinus infections:	Skin problems:
Tonsillitis:	Other:_____

If you checked off any of the above, or feel that there is any other information (regarding illnesses, operations, injuries, treatments, physical or emotional conditions, etc.) that would be useful to the camp physician/nurse, please provide details here. (Please attach additional sheets as necessary)

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To the best of my knowledge, \_\_\_\_\_ (camper's name) is in good health, free of communicable disease, and physically able to participate in all camp activities, except as noted above. In case of a medical and/or surgical emergency, I hereby give permission to the physician and/or nurse selected by the Camp Director to secure proper treatment (e.g. medication, hospitalization, injections, transfusions, anesthesia, or surgery as appropriately required) for my child.

- I certify that the above information is accurate, and that I concur with the statements as described. If there are any changes to my camper's health I will inform the camp.

- I understand that all information will be used to diagnose, treat or maintain my camper's physical or mental health and to assist in preventing disease or injury or to promote health. This information is considered to be confidential and will be shared amongst health care providers as needed; ie: Health Care Coordinator, Camp Nurse, Nurse's Assistant, Camp Physician, Walk in Clinic or Emergency Health Care Providers. This information will only be shared with the Camp Director and Camp staff on a need to know basis to ensure the physical and mental health of my camper.
- In the case of a medical emergency, I understand that every effort will be made to contact parents or guardians. In the event I cannot be reached, I hereby give permission to the physician/nurse selected by the Camp Director to hospitalize, secure proper treatment, order injection, anesthesia or surgery for my camper as named above.

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Signature of Parent/Guardian

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Date

## Camper Information Form

**Please complete the following form. The information gathered from this form will be beneficial to our staff in handling the varying characteristics of our camper, and will enable us to design our program to fit their specific needs.**

1. Please name and describe your camper's area of diagnosed concerns (e.g. Learning Disability, etc), including when they were diagnosed. Has your camper had an IPRC within the school? (\* Please include copies of any reports, assessments, etc. that you feel may help us better understand your daughter or son).
2. Has your campers school/program placement changed in the past year (e.g., regular classroom with one-on-one educational assistant, full time special education class with or without integration, etc.)? Please provide some detail of the class such as number of children, number of teachers or teaching assistants, type of program, etc.)
3. Describe with as much detail as possible any behaviour management difficulties that you have with your camper.
4. Are there any new strategies that you are using with behavioural challenges that your camper may be having?
5. To the best of your knowledge, when do these behaviour problems arise (e.g. in new situations, during transitions, when your camper does not get their own way, at bedtime or wake-up, etc., or for no apparent reason)?





10. Is there anything else that you feel we should know about your individual that we have not asked?

11. Has your camper been hospitalized in the past year.  Yes  No

12. If your camper has been to another overnight camp, may we contact the camp to discuss strategies that were effective?  Yes  No

Name of camp: \_\_\_\_\_

*Thank you for your application to Camp Concord. Sometimes Camp Concord finds it helpful to have contact with any professionals or other camps that your child has attended. Should this be necessary, your signature at the end of this form gives us permission to share information with these parties. The next step in our process is to meet with you and your child to determine if Camp Concord is the right fit for your child.*

I certify that the above information is accurate, and that I concur with the statements as described.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date