



<b>Camper Information</b>				
<b>Name:</b>	<b>Preferred Name:</b>			
<b>Date of birth:</b>	<b>Identifying Gender:</b>			
<b>Home Address:</b>				
Street Address		Apt#		
City		Province	Postal Code	
<b><u>Parent/Guardian Information:</u></b>				
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

**Terms and Conditions:**

I approve my individual's participation in all of the camp's activities, unless I have otherwise advised Concord in the City in writing. I acknowledge that such participation involves risks and hazards incidental thereto. I agree to release and indemnify Concord in the City, 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 Concord in the City permission to use any photos taken of my child in their promotional materials.

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Signature of Parent/Guardian

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Date

# Dates & Fees

<b>3 Week Sessions</b>			
		July 5 - July 25	\$5900
		July 12 - Aug 1	\$5900
<b>2 week Session:</b>			
		July 5 - July 18	\$4125
		July 12 - July 26	\$4125
		July 19 - Aug 1	\$4125
<b>1 week Session:</b>			
		July 5th - July 11	\$2488
		July 12 - July 18	\$2488
		July 19 - July 25	\$2488
		July 26 - Aug 1	\$2488

## MEDICAL FORM

### Camper Information

**Name:**

**Date of birth:**

**Home Address:**

Street address

Apt #

City

Province

Postal Code

### 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

**In the case of an emergency please indicate a substitute decision maker for medical purposes:**

### **Dietary Requirements**

Please list any dietary requirements that your child may have:

Please describe as necessary:

### **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

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:
Antacides:	Antihistamines (Benadryl)
Gravol:	Cough and Cold medication:

<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 COO 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 COO and 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 COO to hospitalize, secure proper treatment, order injection, anesthesia or surgery for my camper as named above.

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Signature of Parent/Guardian

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 daughter/son's area of diagnosed concerns (e.g. Learning Disability, etc), including when she or he was diagnosed. Has your child 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 child's classroom 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 child.
4. Are there any new strategies that you are using with behavioural challenges that your child may be having?

5. To the best of your knowledge, when do these behaviour problems arise (e.g. in new situations, during transitions, when the child does not get his/her own way, at bedtime or wake-up, etc., or for no apparent reason)?
  
  
  
  
  
  
6. Has your child needed to be restrained in the past year? If yes, please elaborate.
  
  
  
  
  
  
7. Please describe a recent situation that you have had with your child recently. How was it resolved? How did your child handle him/herself? This will better prepare our staff for techniques that are positive and effective with your child.
  
  
  
  
  
  
8. List any specific triggers that may lead to a negative response in your child (e.g., sudden loud noises, teasing, etc.)
  
  
  
  
  
  
9. Are there any specific goals that you would like Camp Concord staff to work on while attending camp?
  
  
  
  
  
  
10. Is there anything else that you feel we should know about your individual that we have not asked?

11. Please provide the name of a camp or individual who has worked with your camper in the past so we may discuss strategies and create a supportive environment.

Name of camp/individual: \_\_\_\_\_

*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