



**THE FACTORY:
PARTICIPANT INFORMATION AND HEALTH HISTORY FORM for DAY-CAMPS**

Instructions: Please complete this form and the attached waiver **as well before your child's first day of camp**. The personal information collected on this form is collected under the authority of the Municipal Act and will be used to administer the day-camp program that your child is enrolled in. Questions about this collection of personal information should be addressed to the Event and Program Manager by calling 226-213-5160 extension 1007.

For program registration or questions about our programs, please email: registrations@thefactorylondon.ca.

<i>Participant Information:</i>		PLEASE PRINT WHEN COMPLETING THIS FORM	
Surname:		First Name:	
Date of Birth: ____ / ____ / ____ (Day/Month/Year)		Age:	Gender:
Home Phone:		Address: _____	
Apt. #	Street #	Street Name:	
City:		Postal Code:	
Health Card No.		Version Code:	
Other Health Insurance:			
Parent/Guardian #1 Name:		Relationship:	
Address (if different from above):		Home Phone:	
Work/Cell Phone:		Email Address:	
Parent/Guardian #2 Name:		Relationship:	
Address (if different from above):		Home Phone:	
Work/Cell Phone:		Email Address:	
Emergency Contacts: <i>These will be the only people who are allowed to pick up your child or who will be called if a parent/guardian cannot be reached in an emergency. These MUST be different contacts than Parent/Guardians. If anyone else other than those listed on this form will be picking up your child, please write a note and send it directly to staff.</i>			
Contact #1 Name:		Relationship:	
Address:			
Home Phone:		Work/Cell Phone:	
Contact #2 Name:		Relationship:	
Address:			
Home Phone:		Work/Cell Phone:	
Contact #1 Signature:		Contact #2 Signature:	
PLEASE NOTE: If staff do not recognize the people picking up your child, they will ask the individuals to show photo identification . Please ensure that all people picking up your child are aware of this.			
I give permission for my child to walk home from this program without being signed out by an approved adult			<input type="checkbox"/> Yes <input type="checkbox"/> No
Time of day my child can sign themselves out of the program: _____			

I give permission for my child to be photographed for promotional purposes Yes No
 (Please note: we use this identifier for photos – NOT the photo signature on the waiver, as there is no option to opt out of photos on the waiver itself).

Are there any current issues which involve your child in terms of Court Orders, Custody Issues and/or Restraining Orders?

Yes

No

If yes, please speak with our program staff.

HEALTH HISTORY

Allergies:

Drugs: _____

Food: _____

Insect Stings or Bites: _____

Seasonal Allergies (ie. Hay Fever): _____

Other: _____

Reactions: _____

Carries: Anaphylaxis Kit Yes No

EpiPen: Yes

No

Recent Illness, Operations or Injuries: _____

Is participant under any form of treatment/medication for any illness, condition or injury? Yes No

If yes, please explain: _____

Will this condition limit or affect participation in activities? Yes No

If yes, please explain: _____

Other Health Issues: (Please check any applicable areas)

Asthma

Vision Difficulties

Heart Disease/Defect

Behavioural Concerns

Emotional/Physical Limitations

Hypertension

Clotting Disorders

Frequent Colds/Sinus Trouble

Skin Conditions

Seizure Disorders

Headaches

Urinary Tract Infection

Diabetes

Hearing Aids

Physical Limitations

Eating Disorders

Hearing Difficulties

Use of prosthetics/aids _____

Other (please explain) _____

Medications Being Sent & To Be Taken by the Child: (If you need more space, please write on back of last page)

Medication Name	Dosage	Administration Times	Reason for Taking
1.			
2.			
3.			
4.			
5.			
6.			

AUTHORIZATION

To the best of my knowledge, this participant does not have a communicable disease, has not been in contact with anyone who has a communicable disease within 3 weeks of the program start date, and is physically able to participate in all program activities except as indicated. All medical problems, or conditions requiring ongoing medical supervision or care, have been fully noted. I give permission for this health information to be shared with the appropriate staff and outside medical personnel as necessary. If the parent/guardian cannot be reached, permission is, hereby, given to the staff to take whatever steps deemed necessary to ensure the safety and health of the participant. This also allows permission for the staff to contact the participant's family physician/specialist. (Please inform your physician/specialist that you have given this authorization).

I understand that camp activities have an inherent risk factor and that all appropriate precautions will be taken for participant safety. I agree to not hold The Factory or any of its employees responsible in the event of an injury to my child.

I, hereby, certify that all information completed in this form is accurate and up to date. I will contact the staff promptly, in writing, if any changes occur in the participant's health status between now and arrival at the program as well as during the program.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date