

COBOURG COMMUNITY CENTRE - CAMPS

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| CHILD'S NAME: | |
| PARENT/GUARDIAN: | EMERGENCY PHONE: |

Please describe in detail any ALLERGIES or MEDICAL CONDITIONS that Camp Staff need to be aware of:

ALLERGY/CONDITION:

Has your child ever had a life threatening allergic reaction or carry an Epi-Pen?

If yes, please describe in detail:

I give permission to the CCC Day Camp Staff to administer the below medication(s) to my child, in the event of an emergency situation. No other medications, except what is listed below, shall be administered without my direct consent, except by trained medical staff.

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|-----------------------------|
| Medication: |
| Dosage: |
| When to Administer: |
| How to Administer: |
| Additional Comments: |

****In the event of a medical emergency, our standard response is to call 911, then call parent/guardian. Information on this form may also be used to provide to 911 personnel in the event of an emergency.**

I have honestly disclosed all of the information requested in the questions, and I understand that this information is confidential. It enables the Staff to reduce the risk of injury or illness complications, as well as prepare contingency plans in the event that an emergency does occur.

If any of the above information changes prior to, or during the program, I will immediately notify the leader.

I, _____ am the legal parent/guardian of this child and I sign this waiver on his/her behalf.

Parent/Guardian

Date

