



**MEDICAL INFORMATION FORM**

(to be completed and submitted at registration on the first day of this curling camp)

**IF YOU HAVE FOOD ALLERGIES, PLEASE EMAIL THE CAMP DIRECTOR IMMEDIATELY SO THAT THE FOOD SERVICES CATERER CAN PREPARE MEALS ACCORDINGLY**

Name: \_\_\_\_\_ Parent Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Parent Work No.: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Medical Card Number: \_\_\_\_\_

Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight \_\_\_\_\_ lbs. Age (day one of camp): \_\_\_\_\_

Names of Parent/Guardian: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Physical Concerns: \_\_\_\_\_

Any other information we should know to help your child have a positive experience can be written below. This information will be kept strictly confidential. You may also contact Camp Director Leslie Kerr (leslie.kerr@curlno.ca) if there is information that may require special attention, so that we are aware of all special cases.

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Every effort will be taken to ensure the safety and well-being of each camper. The camper through his/her parent(s) agrees to abide by the rules and regulations of the camp as outlined in this material, for the safety, health, and well-being of everyone at the camp. I/we agree to absolve the camp organizers, the Curling Club, the College and anyone connected with the camp of any legal liability for any accidents that may occur.

\_\_\_\_\_  
Date

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