

Boys & Girls Clubs of Thunder Bay
Wilderness Camping 2011

CAMPER'S NAME: _____

AGE: _____ BIRTHDATE: _____

ADDRESS: _____

PARENT'S NAME: _____

PHONE NUMBER: _____ WORK NUMBER: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

HEALTH CARD NUMBER: _____

DOES YOUR CAMPER HAVE ANY ALLERGIES: YES NO

IF YES PLEASE SPECIFY: _____

OTHER MEDICAL PROBLEMS: YES NO

ANY BEHAVIOURAL PROBLEMS STAFF SHOULD BE AWARE OF: _____

IF YES, PLEASE DESCRIBE: _____

IS YOUR CAMPER TAKING ANY MEDICATION: YES NO

IF YES, WHAT AND HOW OFTEN: _____

IN CASE OF ILLNESS DO YOU GIVE PERMISSION FOR THE CAMP STAFF

TO ADMINISTER TYLENOL, GRAVOL, TUMS ETC.: YES NO

IF YES, PLEASE SPECIFY: _____

IF YOUR CAMPER IS MISBEHAVING DURING THE CAMPING TRIP THEY

WILL BE SENT HOME. IT IS YOUR RESPONSIBILITY TO PICK HIM/HER UP.

ALL INFORMATION MUST BE FILLED OUT

PARENT/GUARDIAN SIGNATURE:

***ALL CAMP STAFF ARE TRAINED IN FIRST AID AND C.P.R. AND
EMERGENCY PROCEDURES***

**STAFF – PLEASE TAKE THESE FORMS OUT TO CAMP WITH YOU FOR
EMERGENCIES.**