



CAMPER RELEASE FORM

Camper #1 Information	
First Name:	Last Name:
Home Phone Number:	Birth date:
Medical Information: Allergies: Yes No Details:	Epi-pen required? Yes No Details:
List any medical or behavioural conditions which might affect participation in the program: Please provide full details:	
Camper #2 Information	
First Name:	Last Name:
Home Phone Number:	Birth date:
Medical Information: Allergies: Yes No Details:	Epi-pen required? Yes No Details:
List any medical or behavioural conditions which might affect participation in the program: Please provide full details:	
Camper #3 Information	
First Name:	Last Name:
Home Phone Number:	Birth date:
Medical Information: Allergies: Yes No Details:	Epi-pen required? Yes No Details:
List any medical or behavioural conditions which might affect participation in the program: Please provide full details:	

PLEASE CONTINUE ON THE OTHER SIDE.....



Emergency Contacts (every attempt will be made to contact the main contact at the numbers above. Should those attempts be unsuccessful, please list two alternative contacts)

Full Name:	Relationship:	Contact #:
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Full Name:	Relationship:	Contact #:
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Name of parent/guardian(s) who are authorized to pick up the child(ren) on a regular basis:

(Please provide full name and information, other than emergency contacts, for each person authorized to pick up the camper from camp. Each authorized adult will be required to show photo identification daily and be listed on this form.)

Full Name:	Relationship:	Contact #:
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Full Name:	Relationship:	Contact #:
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Full Name:	Relationship:	Contact #:
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Name of individuals NOT authorized to pick up your child(ren) in the absence of a parent / guardian:

(Under NO circumstances will your child(ren) be released to the individuals listed below unless otherwise informed by the person signing this form. This form is confidential and will not be released to other participants.)

Full Name:	Relationship:
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Full Name:	Relationship:
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Full Name:	Relationship:
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Code of Behaviour

The Town of Innisfil endeavours to provide the highest level of safety and enjoyment to all participants and staff members for the duration of its programs. These guidelines have been developed to ensure that all involved are aware of acceptable behaviour. Coarse language, physical and aggressive behaviour, inappropriate or uncooperative behaviour will be recorded, reported and may result in removal from the program.

Drop Off/Pick Up/Absenteeism

To avoid confusion, if you know ahead of time that your child will miss a day of camp or needs to leave for an appointment, please put it in writing and give it to our Site Supervisor. Please specify who will be coming to get the camper. If your child is absent, please call the Camp Coordinator. There is no discount for a missed day. Upon pick up, **photo I.D is required** to ensure safe departure.

For Everyone's Health

If your child has a communicable disease (eg. Lice, Chicken Pox, etc.) we would ask that you do not send your child to the program. Children are welcome to return to the program when they are healthy and have a medical note of permission.

Parent / Guardians Signature: _____

Date: _____



Sport & Recreation Division

DAY CAMP MEDICATION CONSENT FORM

Camper First Name:	Last Name:
Parent/Guardian First Name:	Last Name:

Medication #1 Name:	Expiry Date:
Medical Information: Is this Medication to be taken: Daily Emergency	Dosage (Include Times):
When to Administer Emergency Medication & How Much:	
Are there side effects to the medication? Please provide in detail.	

Medication #2 Name:	Expiry Date:
Medical Information: Is this Medication to be taken: Daily Emergency	Dosage (Include Times):
When to Administer Emergency Medication & How Much:	
Are there side effects to the medication? Please provide in detail.	

****The label from the pharmacy must be attached to the medication***

	MON AM	MON PM	TUES AM	TUES PM	WED AM	WED PM	THURS AM	THURS PM	FRI AM	FRI PM
Date:										
Time:										
Child's Initial										
Site Supervisor Initials										

I hereby give my permission for the Town of Innisfil Summer Day Camp Staff to administer the listed medication to _____ at the times specified.

CAMPER'S NAME

Parent / Guardian's Signature: _____

Date: _____

Site Supervisor's Signature: _____

Date: _____