

Recreation Programming Participant Information Form

Name of Participant: _____ Birth Date: _____
Address: _____ Postal Code: _____
Name of program/camp: _____
Location: _____ Start Date: _____ For _____

Name of Parent/Guardian:

Home Phone: _____ Work: _____ Cell Phone: _____

Emergency contact: *(Different from parent/guardian and readily available for pick up if needed)*

Name: _____ Relationship to Participant: _____
Cell: _____ Work: _____ Home: _____

Pick-Up Arrangements

1) I hereby authorize the following, to pick up the participant at the end of camp. If there are any changes in these arrangements, I will let the program staff know (in writing) in advance.

Name: _____ Phone: _____
Relationship to Participant: _____

Name: _____ Phone: _____
Relationship to Participant: _____

Parent/Guardian Signature: _____

2. Is the participant permitted to walk/ bus home at the end of the program each day?

YES: NO: **Parent/Guardian Signature:**

Health Information

Family Doctor: _____ Phone: _____
Health Card #: _____ Expiry Date: _____

Does the participant have a disability or require support? Yes No

Medication/Allergies

1. Does the participant require medication? Yes No

If yes, please explain: _____

2. Do you require medication to be administered or stored by staff during the program? Yes No

If yes, please fill in the required medical forms.

3. Does the participant have any allergies? (Food/drug/environmental) Yes No

If yes, please indicate each and the treatment required below.

4. Does the participant have a life-threatening allergy? (Anaphylaxis) Yes No

5. Does the treatment for this allergy involve the use of an EpiPen®? Yes No

Parent/Guardian Signature: _____

Authorization

1. I authorize staff to secure medical advice and services, as deemed necessary, for the health and safety of the participant.

Parent/Guardian Signature: _____

In accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this form will only be used by HRM staff and, if necessary, individuals under service contract with HRM for purposes relating to recreation program administration. If you have any questions about the collection and use of this information, please contact HRM's Access and Privacy Office at 902-490-4390 or accessandprivacy@halifax.ca