

Camper Health & Information Form - 2021

The City of Peterborough undertakes to safeguard your child while participating in registered programs and day camps offered by the Peterborough Museum and Archives, Art Gallery of Peterborough, Peterborough Sport and Wellness Centre and Recreation Division. Completion of this form is mandatory and must be submitted prior to the start of the program.

The information provided will be retained for one calendar year. It may be shared with the Peterborough Museum and Archives, the Art Gallery of Peterborough, Peterborough Sport and Wellness Centre and the Recreation Division. It is the parent/guardian responsibility to inform staff of any changes within that time. For more information, [contact](#) one of the facilities listed above.

This form must be completed for each child attending camp. Use additional forms for more than one child.

Notice of Collection

Personal information is being collected under authority of the Municipal Act, c. 25, and will be used for the purposes of managing your account/memberships and any other transactions that you make (e.g. registrations and bookings), communicating with you regarding these matters, and administering and managing City-run programs, and facilities. For questions regarding online registration for City-run programs, please contact the PSWC Facility Manager at 705-742-0050 x 2204, or wellnesscentre@peterborough.ca. For questions regarding the collection, use or disclosure of this personal information, please contact the City's FOI and Privacy Coordinator at 705-742-7777 x 1797, or clerks@peterborough.ca. Please review the City's Terms of Use & Privacy Statement for more information.

Camper Information:

Camper Full Name: _____

Camper Gender: M F O Birthdate: _____

Primary Parent/Guardian Information

First and Last Name: _____

Email Address: _____ Daytime Phone: _____

Mobile Phone: _____

Secondary Parent/Guardian Information

First and Last Name: _____

Email Address: _____ Daytime Phone: _____

Mobile Phone: _____

Camper Name: _____

Are there special custody arrangements for this participant? Yes No

If 'Yes,' Please describe special custody arrangements:

Pickup and Alternative Emergency Contact Authorization

Please list any alternative caregivers that are authorized to pick up your child(ren) from camp. NOTE: Children will only be released to those individuals listed below and contacts will be listed as alternative emergency contact for your child.

#1 – Full Name: _____

Daytime Phone: _____ Ext. _____ Mobile Phone: _____

#2 – Full Name: _____

Daytime Phone: _____ Ext. _____ Mobile Phone: _____

#3 – Full Name: _____

Daytime Phone: _____ Ext. _____ Mobile Phone: _____

Assistive Support

Does your child require assistive support? Yes No

If your child requires 1:1 supervision, please provide the name of the adult that will be attending the program with the child and provide a copy of a current police and vulnerable sector screening.

Full Name of Support Person: _____

Relationship or Agency (if applicable): _____

Medical Information

Please list all medical conditions, allergies, disabilities, conditions, needs, behaviours, and any special instructions for your child.

Does your child require any medications or treatments? Yes No

Note: If your child requires the administration of medicine or treatment during the camp, please see the form "Administration of Medication Authorization Form for Program and Camps."

Camper Name: _____

Please read carefully

By checking that you agree below I/We confirm that my/our child has permission to participate in all program activities including those supervised trips and activities (if trips are a component of your child's program) not the City of Peterborough property. I/We on behalf of our child, understand the nature of these activities and I/We hereby:

- Certify that the information in this document is true and correct and agree to disclose any and all factors which would prevent or limit the participant from full participation or success within the program.
- Agree to permit program and camp staff to act on my behalf in case of an emergency.
- Confirm that I/We have read, accept and will abide by the conditions of registration and the policies and procedures of Peterborough Museum and Archives, Art Gallery of Peterborough, Peterborough Sport and Wellness Centre and Recreation Division.

I have read and agree to the above statements