

This form must be completed for each child attending camp. For additional children please scroll to the bottom of form and 'Add another camper'.

## Camper Health and Information Form - 2020

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.

### Notice of Collection:

Personal information is being collected under authority of the Municipal Act 2001, c. 25, and will be used for the purposes of managing your account/memberships and any 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 705-742-7777 ext. 2204, or [wellnesscentre@peterborough.ca](mailto: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 ext. 1797, or [clerks@peterborough.ca](mailto:clerks@peterborough.ca). Please review the City's Terms of Use & Privacy Statement for more information.

Camper's first name \*

Camper's last name \*

Camper's gender \*

Male       Female       Other

Camper's birthdate \*

Name of parent or guardian (first and last) \*

Parent or guardian email address \*

Daytime phone number \*

Extension

Mobile phone number \*

**Name of parent or guardian (first and last)**

**Parent or guardian email address**

**Daytime phone number**

**Extension**

**Mobile phone number**

**Would you like to receive promotional information about the City of Peterborough camps and events? \***



Yes

No

**Are there any special custody arrangements for this participant? \***

Yes

No

**Please describe special custody arrangements**

## Pick-up 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 contacts for your child.

**Name (first and last) \***

**Daytime phone # \***

**Cell phone # \***

**Name (first and last)**

**Daytime phone #**

**Cell phone #**

**Name (first and last)**

**Daytime phone #**

**Cell phone #**

## Assistive support

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

**Does your child require assistive support \***

Yes

No

**Name of support person (first and last)**

**Agency name**

**If possible please upload current Police and Vulnerable Sector Screening or provide a hard copy**

## Medical information

**Does your child(ren) require any medication(s) or treatment(s) \***

Yes

No

**Name of child (first and last) \***

**Child's birthdate \***

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

# Please read carefully

By checking **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 on the City of Peterborough property. I/we on behalf of my/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/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 the Peterborough Sport and Wellness Centre, the City of Peterborough Recreation Division, the Peterborough Museum & Archives and the Art Gallery of Peterborough;
- Acknowledge that if my child is not collected at or before the scheduled camp end time, I/we will be required to pay late fees where applicable;
- Certify that as an individual parent/guardian signing this agreement, I am acting as an agent of the other parent(s)/guardian(s) and have the authority to execute this agreement on their behalf;
- Acknowledge that the information provided in this form may be shared with all City of Peterborough camp facilities;
- Acknowledge that the information provided will remain on file for one calendar year. If any changes occur, it is my responsibility to notify the relevant program staff.

**I/we have read the above and agree to the terms \***

Agree       Disagree

## Photo Waiver

- I/we agree that my/our child's photo or image may be used for promotional purposes
- I/we agree that my/our child's photo or image may be used on social media outlets. In the course of program activities, photos may be taken and audio and/or visual recordings may be made and may be used on the City of Peterborough's website or social media outlets.

**I/we have read the above and agree to the terms \***

Agree       Disagree

Please discuss with Camp Coordinator on the first day of camp.

**Name of parent or guardian (first and last) \***

**Today's date \***

**Name of parent or guardian (first and last)**

**Today's date**

# Administration of Medication Authorization Form for Programs and Camps

We protect and respect the privacy of our participants. Personal information is used to communicate within our facilities and to provide the appropriate health care of participants in our programs. This information may be shared with the Peterborough Museum and Archives, the Art Gallery of Peterborough, Peterborough Sport and Wellness Centre and the Recreation Division.

**Program staff will not assist in the administration of prescribed medications unless this form has been completed and provided to staff in advance of the program start.**

When medication is delivered to staff, it must be in its original container and bear a prescription label. The label will be cross-referenced with this form. The medication must be a current prescription. When a unit of measurement is required for medication, parents/guardians are responsible for supplying a dosage implement with the medication for consistency. Staff will not administer over the counter medications unless prescribed by a physician. For self-administered medications, such as asthma inhalers and EpiPens, children are required to have an extra to keep at the program to eliminate any chance of forgetting this lifesaving medication at home. The child will be required to wear the medication in a hip-sack provided by the family or the facility during the program, where applicable, to ensure close proximity at all times.

If there are any concerns or questions, please do not hesitate to [contact](#) the Program Coordinator at the program or camp facility in advance of/ or during the program, to review this form and your child's needs.

**Name of child \***

**Child's birthdate \***

**Camp locations for the year (please check all that apply) \***

Peterborough Sport and Wellness Centre

Peterborough Museum and Archives

Art Gallery of Peterborough

Recreation Division - off-site location

**Name of medication \***

**Is this medication prescribed by a health care professional? \***

Yes

No

**What is this medication prescribed for? \***

**Note:** staff will not administer over the counter medications unless prescribed by a physician.

**What is this over the counter medication used for? \***

**How long is this medication prescribed for? \***

- Short term (ie. antibiotics)       Long term (ie. epipen, inhaler, etc)       Other

**Please provide details \***

**Has this medication been prescribed in the past? \***

- Yes       No

**Has your child experienced any side effects? \***

- Yes       No       Unknown

**Describe side effects your child has experienced \***

**Please provide specific instructions for the administration of your child's medication below.**

**Does this medication require temperature control of any sort? \***

- Yes       No

**Please provide details \***

**What measuring implement is required for dosage? \***

**Dosage amounts \***

**Times medication is required \***

**Does the medication require food or rest? \***

- Yes       No

**Please provide details \***

**I provide authorization for the program staff at the City of Peterborough program or camp facility to administer medications to my child while my child is in their care. \***

Yes

**Name of parent/guardian (first and last) \***

**Date \***