Fun4Kids Summer Camp

Health & Emergency Contact Information

Child's Name:	Date of Birth (dd/mm/yyyy):
Address:	Home Telephone:
Postal Code:	Mother's Mobile:
City:	Father's Mobile:
Mother's Email Address:	
Father's Email Address:	

Emergency Contact Information	
Family Doctor:	Telephone:
Family Dentist:	Telephone:
Health Insurance Name*:	Policy Number*:
To be called in case parents cannot be reached:	
Emergency Contact Name:	
Telephone Number/s:	
Additional Emergency Contact Name:	
Telephone Number/s:	

*Health insurance Information will be passed onto the hospital in case of an emergency occurring during camp hours.

Medical History			
Allergies:	☐ Yes	☐ No	Describe:
Epi-pen:	☐ Yes	☐ No	Describe:
Asthma:	☐ Yes	☐ No	Describe:
Diabetes:	☐ Yes	☐ No	Describe:
Heart Condition	☐ Yes	☐ No	Describe:
Other:	☐ Yes	☐ No	Describe:
Medication:	☐ Yes	☐ No	Describe:

Diet			
Vegetarian:	☐ Yes	☐ No	Describe:
Other special diet:	☐ Yes	☐ No	Describe:

Eye wear		
Does your child wear eye glasses or contact lenses:	☐ Yes	☐ No
Should they be worn at all times:	☐ Yes	☐ No

Signature of Parent or Guardian

Date of Application