

NVRC Camp Form



Thank you for choosing an NVRC camp for your child

Please Note:
- All information on this form is confidential.
- It is the responsibility of the parent/guardian to update emergency information. Please advise staff of any changes.

Please type or print clearly and complete this form in full.

CHILD'S FIRST NAME	<input type="text"/>	CHILD'S LAST NAME	<input type="text"/>
DATE OF BIRTH	<input type="text"/>		
ADDRESS	<input type="text"/>		
PARENT / GUARDIAN	<input type="text"/>	PHONE #'s	<input type="text"/>
PARENT / GUARDIAN	<input type="text"/>	PHONE #'s	<input type="text"/>
EMERGENCY CONTACT	<input type="text"/>	PHONE #'s	<input type="text"/>
ALLERGIES	<input type="text"/>		
MEDICAL CONDITIONS	<input type="text"/>		

IS YOUR CHILD UP TO DATE ON THEIR IMMUNIZATIONS? YES / NO

PROVINCIAL HEALTH # / INSURANCE PROVIDER

GETTING TO KNOW YOUR CHILD

Please use this section to share with us any information that would help the leaders connect with and support your child. (For example: likes or dislikes, important events ie. best friend has moved, has trouble sleeping, change of custody, change of medication, etc.)

PERMISSION FOR PICKUPS

Please sign your child in and out each day. Note on the sign-in form who will be picking your child up from the program and provide their phone number. If your child will be traveling home alone by bus or on foot, you must specify this below. If your child is not picked up on time, we will call you, followed by the people listed below, until we reach someone who is able to pick up your child. Please note we will not release your child to any person(s) for whom we do not have verbal or written permission.

SELECT ALL THAT APPLY:

- My child has permission to sign-out at the end of the program and walk or take the bus home (schoolage children only)
- My child will be picked up the parent/guardians (listed on page 1) or the alternates below

ALTERNATE 1	<input type="text"/>	RELATIONSHIP TO CHILD	<input type="text"/>	
PHONE #'s	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ALTERNATE 2	<input type="text"/>	RELATIONSHIP TO CHILD	<input type="text"/>	
PHONE #'s	<input type="text"/>	<input type="text"/>	<input type="text"/>	