

Camper Information

Camper Name: _____	Birthdate: _____
Camp Session: _____	Cabin Color: _____ (office use only)
Ontario Health Card #: _____	
Life Threatening Allergies or Conditions:	
In the three weeks prior to the start of camp, has your child been in contact with any communicable diseases?	

Emergency Information

Emergency Contact 1

Full Name: _____

Relation: _____

Phone: _____

Cell: _____

Emergency Contact 2

Full Name: _____

Relation: _____

Phone: _____

Cell: _____

Please list all medications / health care products brought to camp:

Medication / Product	Used to treat	Administration Instructions / Details

Please list any relevant health information that LUCC Staff may require to ensure a successful camp experience.

Parent / Guardian Signature _____	Date: _____
LUCC Health Care Staff _____	Date: _____