

PRESCHOOL CAMP

**** One form per child ****



Camper Name: _____

Mother/or Guardian

Name: _____
 Address: _____

 Work #: _____
 Home #: _____
 Cell #: _____
 e-mail: _____

Father/or Guardian

Name: _____
 Address: _____

 Work #: _____
 Home #: _____
 Cell #: _____
 e-mail: _____

Emergency Contact _____ **Telephone** _____
 (other than above)

Prescription Medications & Allergies

****ALL MEDICATION MUST BE IN ORIGINAL CONTAINER****

As the parent/guardian I give permission for the City of Red Deer staff to administer the following:

Prescription Medication	Dosage	Consumption time	STAFF USE ONLY			
			Prescription Medication	Date	Time Given	Staff Initial
Allergies						
Symptoms						

Signature (only if granting consent as noted above): _____

Sunscreen, Bug Spray & Face Paint

As the parent/guardian I give permission for the City of Red Deer staff to apply:

Sunscreen SPF 30 or higher: Yes ___ No ___
 Kids Spray insect repellent: Yes ___ No ___
 Snazaroo Face Paint: Yes ___ No ___

Signature: _____

As HIGH FIVE® trained leaders, we endeavor to be caring adults and to ensure that your child has an enjoyable experience in our camp. Please provide us with any additional information that might assist us in giving your child the support or extra attention they might require.

The personal information contained on this form is collected under the authority of the Municipal Government Act Section 3 and will be used for the purpose of registration and administration of recreational programs. If you have any questions about this collection, please contact the Recreation, Parks & Culture Manager, City of Red Deer, Box 5008, 4914-48 Avenue, Red Deer, Alberta, T4N 3T4 or telephone (403) 342-8100