



Camper Medical Information Form

Participants:

| Child | Health Card Number |
|-------|--------------------|
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Does your child(ren) have any health concerns? (i.e. allergies, attention deficit, dietary restrictions etc.)

Is your child(ren) taking any medication? Explain.

Doctor's Name: _____

Doctor's Phone Number: _____

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact Name: _____

Phone Number: _____ Cell Phone Number: _____

Secondary Emergency Contact Name: _____

Phone Number: _____ Cell Phone Number: _____

Medical Consent: I have provided the Brant Historical Society with all the necessary medical information and can be reached at the number(s) listed. I authorize the program staff/volunteers to administer first aid to my child/children if necessary and to secure medical care for my child/children in case of an emergency as deemed appropriate by the attending physician(s).

Signature _____

Date _____