The Royal Conservatory™
The finest instrument is the mind.

GENERAL INFORMATION AND MEDICAL FORM (DAY CAMPS)

Dear Parent/Guardian:

Please complete and return on the first day of camp:

Child's First and Last Name:_____

Address: _____

Home Phone Number: _____

Birthdate (day/month/year): _____

1. Parent/Guardian Name: _____

   Parent/Guardian Email: _____

Phone Number: Home: _____ Day: _____ Cell: _____

2. Parent/Guardian Name: _____

   Parent/Guardian Email: _____

Phone Number: Home: _____ Day: _____ Cell: _____

Alternative Emergency Contact:

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Including parents, please list all names of those who are allowed to pick up your child:

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

ONLY the people, including parents, listed on your pick up information from the above list will be permitted to pick your child up from camp. Any changes to this information must be submitted in writing to the program leader. Photo identification may be required.

I give permission for my child to <u>sign in alone</u> at the scheduled program time Yes: ___ No: ___

I give permission for my child to <u>sign out alone</u> at the scheduled program time Yes: ___ No: ___

Please remember that your child has spent a long, action-packed day at camp. It is important that children are picked up as early as possible at the end of the day for their own well being.

The camp day ends at 4:00pm. If your child has enrolled in Extended Care, please pick them up by 6:00pm.

Parent/Guardian's Signature: _____ Date: _____

MEDICAL INFORMATION

Any allergies or medical information we should be aware of **(please note that the RCM is NOT a nut-free facility)**

_____

Health Card Number: _____

Does your child require medication to be administered while they are at the program?
Yes: ___ No: ____

Does your child require an Epipen? Yes: ____ No: ____

If you answered yes to any of the above medical questions, please speak with the program leader when you hand in this form. Otherwise, please sign below:

I, hereby, certify that my child _____ has no medical restrictions or concerns prohibiting him/her from participating in any day camp activities. Should the need arise, permission is granted to The Royal Conservatory and/or its representative to transport my child to a local hospital for medical treatment if necessary.

Parent/Guardian Name: _____ Signature: _____

Date: _____

Please add any additional information that you feel the program leader should know about your child:

_____

_____

_____

_____

_____

_____