

Camper Information Form



The personal information on this form is collected under authority of Section 11 of the *Municipal Act 2001*, SO 2001, c. 25. Only a parent/legal guardian shown on this form and City of Mississauga Staff are entitled to have access to the information indicated on this form. This form will be used to administer the City of Mississauga Recreation Camp Programs and specifically to ensure that children are not released to anyone other than those listed on the form. Questions about this collection should be directed to: Manager, Customer Service Centre, 301 Burnhamthorpe Road West, Ground floor, 905-615-3200 x4100.

Participants Name: _____ Main Contact Name: _____

Course Code: _____ Main Contact Phone #: _____

| PARENT/ LEGAL GUARDIAN INFORMATION | |
|--|---|
| Are you the participant's Parent/ Legal Guardian for whom in law you are responsible for? <i>(Circle one)</i> If no, we require the Parent/Legal Guardian to complete this form | |
| | Yes No |
| Parent/ Legal Guardian 1 | Full Name of Parent/ Legal Guardian 1: |
| | Daytime Phone # of Parent/Legal Guardian 1: |
| | Cell Phone # of Parent/Legal Guardian 1: |
| | Signature of Parent/ Legal Guardian 1: |
| Parent/ Legal Guardian 2 | Full Name of Parent/ Legal Guardian 2: |
| | Daytime Phone # of Parent/Legal Guardian 2: |
| | Cell Phone # of Parent/Legal Guardian 2: |
| | Signature of Parent/ Legal Guardian 2: |
| Are both guardians able to make changes to Camper Information? | |
| Yes No | |
| EMERGENCY CONTACT INFORMATION | |
| Emergency/ Alternate Contact Full Name: | |
| Emergency/ Alternate Contact Day Phone #: | |
| Emergency/ Alternate Contact Cell Phone #: | |
| CAMPER INFORMATION | |
| List all adults authorized to pick up child <i>(Full Name):</i> <photo ID will be requested daily> | |
| Preferred Release Type (Children 10yrs + only) <i>(Choose one):</i> | |
| <input type="checkbox"/> Child may leave the program unescorted <input type="checkbox"/> Child will be picked up at the program | |
| Child (10 yrs+) may leave the program unescorted at <i>(Circle one):</i> | 12:00pm 4:00pm 6:00pm End of Program |
| *Does child require an Epi-pen for severe allergies <i>(Circle One):</i> | Yes No |
| Please list any medical conditions we should know of: (briefly note) | |
| *Does child require medication during camp hours <i>(Circle one):</i> | |
| Yes No | |
| *Does child have any Special Needs Requirements <i>(Circle One):</i> | |
| Yes No | |

*Additional forms will need to be completed for Anaphylaxis, Medication Administration and Special Needs Requirements

For Office Use Only

Date Received: _____ Date Inputted: _____ Staff Name: _____