



YMCA of Pictou County: Camp Medical Form

CAMPER INFORMATION					
Name		Birth Date (Y/M/D)		Age at Camp	Gender
Address		City	Postal Code	Phone Number	
Doctor's Name	Doctor's Phone Number		Health Card Number		
Guardian/ Primary Contact/ Authorized Pick Up			Secondary/ Emergency Contact/ Authorized Pick Up		
Name/ Relationship			Name/ Relationship		
Address			Address		
City	Postal Code	Phone Number	City	Postal Code	Phone Number
Work Phone	Cell Phone		Work Phone	Cell Phone	
Email			Email		
Custody of Camper Please Specify: <input type="checkbox"/> Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify)					
Medical/Additional Information					
Does your child have any medical conditions we should know about? <input type="checkbox"/> Yes <input type="checkbox"/> No			Please Specify:		
Does your child have any allergies?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Specify:		
Does your child have any disabilities or limitations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Specify:		
My child is a member of the Pictou County YMCA?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>Zero Tolerance Policy: The YMCA will not tolerate any discriminatory behavior or acts. It is the expectation of the YMCA that all people will be treated with dignity and respect. Any violation of this policy can lead to disciplinary actions.</p> <p>I have read the policies as stated and have discussed the expectations of behavior with my child:</p> <p>Parent/Guardian Signature: _____ Date: _____</p>					
I understand & permit pictures of my child to be taken & used for promotion within the YMCA of Pictou County <input type="checkbox"/> Yes <input type="checkbox"/> No					
I give the Day Camp staff permission to take my child on off-site activities <input type="checkbox"/> Yes <input type="checkbox"/> No					
<p>Covid-19 Safety: The YMCA of Pictou County prides itself on safety and quality of service. Our camp requires individuals to take an active role in flattening the curve. Do not send your child to camp if they are experiencing Covid-19 symptoms.</p> <p>I agree to the above statement</p> <p>Parent/Guardian Signature: _____ Date: _____</p>					
Additional Information:					