



**HEALTH HISTORY:**

Please complete this information to the best of your knowledge. Please inform the camp office in writing of any changes to your child’s health prior to their arrival at camp.

Camper Name: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone # \_\_\_\_\_

Does your camper have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what are they allergic to?

\_\_\_\_\_

Does this allergy require an epi-pen? \_\_\_\_\_

Does your camper take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what medication?

\_\_\_\_\_

Please list any medication and doses that your camper will be taking at camp:

\_\_\_\_\_  
\_\_\_\_\_

**Please note that all medication must be in its original container and all instructions attached.**

Are there any activity restrictions while at camp? \_\_\_\_\_

Is there any behaviour/special considerations that the camp should know about in order to better facilitate their experience? \_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

I hereby give consent for my child to participate in the full KWMP Triple Threat Summer Camp and all activities unless I advise you in writing. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I further release KWMP Triple Threat Summer Camp and its officers from any liability concerning our child’s involvement in the program and further agree that the use of all KWMP facilities is made at the risk of the registrant. Every effort will be made to contact a parent/guardian in the case of emergency.

\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature Date