

BWG CAMPER INFORMATION FORM

PLEASE PRINT. Return to the BWG Department of Leisure Services

FAMILY INFORMATION

Parent/Guardian Last Name _____ First Name _____

Mailing Address _____ E-mail Address _____

City/Town _____ Postal Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Can the parent be contacted if needed Yes _____ No _____

Emergency Name _____ Phone _____

Relationship to participant _____

Inclusion Worker's Name _____ Phone # _____

Referring Agency Worker's Name _____ Phone # _____

PARTICIPANT INFORMATION

Participant's Name: Last _____ First _____

Age _____ Date of Birth _____ Gender – Male _____ Female _____

Please list any special needs, specific allergies, personal care issues or medical concerns the camper may have. If your child is bringing medication to camp, please list the type of medication, dosage & times for the medication to be taken. Medication must be brought in an original, labelled prescription container. Please list all medications below.

CAMP INFORMATION

Camp Names: _____

Camp Dates: _____

Ext. Care Required? 7-9 AM _____ 4-6 PM _____ (*Extra fee for extended care*)

Means of transportation to and from camp _____

Person(s) authorized to drop off and pick up camper:

Name _____ Phone _____

Relationship to Camper _____

Name _____ Phone _____

Relationship to Camper _____

Is there anyone to whom the child should **NOT** be released?

Is there any additional information, which might be helpful?

- If the camper has any SPECIAL NEEDS (i.e. physical or intellectual disability, attention difficulties, learning disabilities, environmental, food or drug allergies, etc.) or requires medication, or if there is any information with which you would like to provide us, please provide the details on a separate sheet of paper and attach to this form. This information will remain confidential and is requested only to help the Department of Leisure Services provide inclusive programs.
- I certify the camper is of age and is physically capable of participating to the best of their ability in the above program. In case of emergency, I grant Department officials authority to act on my behalf to call 911 and transport the camper to a local doctor or hospital for medical treatment, if necessary.
- Unless the participants, parent or guardian so indicate in writing, the BWG Department of Leisure Services will assume that permission is given for any pictures taken during any department program or activity, may be used to promote recreation.
- All information will be kept confidential.

(Signature) Parent/Foster Parent/Guardian/Case Worker