

FORM 1. To: Any Qualified Health Care Provider**CONSENT TO MEDICAL TREATMENT**

I hereby consent to the administration of any medical treatment deemed by any qualified medical practitioner to be necessary for the health and welfare of my child,

First Name

Last Name

including the administration of an anesthetic and the performance of any necessary operation during the time period

from _____ to _____
DD-MM-YYYY DD-MM-YYYY

Ontario Health Card No. _____
card number version code expiry date

International Residents: Name of Insurance Company and policy # _____

Name of Parent or Guardian

Signature of Parent or Guardian

DD-MM-YYYY

A Photocopy of the front and back of Health Insurance Card must be attached to this form !

Remember that up-to-date and accurate information is essential for the protection of your child in case of accidents or sickness.

FORM 2. CAMPER'S HEALTH AND SAFETY INFORMATION FORM

Name of Child: _____ Date of Birth: _____
First Name Last Name DD-MM-YYYY

EMERGENCY CONTACT TELEPHONE NUMBERS: _____

Child's Home Address: _____
Street City Postal Code

Child's Home Phone Number: _____

Mother's (Guardian's) Name: _____ Mother's (Guardian's) Contact Number: _____

Father's (Guardian's) Name: _____ Father's (Guardian's) Contact Number: _____

Family Doctor's Name: _____ Family Doctor's Contact Number: _____

MEDICAL INFO Please be specific. Use a separate sheet if required.

Allergies & Drug Reactions: _____

Asthma: _____

Diabetes: _____

Epilepsy: _____

Dietary/Food Restriction: _____

Any problems with heart, feet, legs, skin? _____

Any surgery or serious medical treatment over the past 6 months? _____

Has your child ever had psychiatric treatment or have you ever consulted a psychologist? _____

Activity Restriction _____

Will your child require carrying any medication while at camp? **(if yes, fill out the form 5 or 6).**

I agree to be responsible for any extra medical expenses incurred by my child or by the camp on behalf of my child by submitting necessary payment within 5 business days after my child arrives from the camp; as well as to arrive to the camp as soon as possible in case of my appearance being necessary.

Name of Parent/Guardian

Signature of Parent/Guardian

DD-MM-YYYY

FORM 3. CAMP POLICY, TERMS & CONDITIONS

These policies must be read by parents/guardians and reviewed with the camper.

- Camp cannot be held responsible for lost, damaged or stolen belongings including clothing collected for laundry. Campers should not bring valuables to camp.
- As the parent/guardian, I hereby consent to the use of my child(ren)'s photos, videos and name for publicity purposes by the Camp.
- For the safety and enjoyment of all participants during the session, any camper who violates this policy, as listed below, or violates any other serious rule or policy, or any camper who jeopardizes the safety or contentment of others or themselves can be dismissed from camp and parents will have to pick them up. Please note that such dismissal is in the sole discretion of the Camp Director and such camper will not be entitled to a refund. The following are examples of inappropriate behavior:
 - Verbal or physical abuse of other participants or instructors;
 - Systematic disruptive behavior;
 - Systematic disregard of the instructors' directions;
 - Use of alcohol or drugs, smoking;
 - Theft or conversion of the camp's or other person's property to their own use;
 - Any damage of camp or other person's property or facilities;
 - Sneaking out of tents at nighttime.
- DiscoveryLand Camp is pleased to operate under a fair, equitable and flexible Cancellation/Refund policy:
 - Cancellations must be received in writing via email to info@discoverylandcamp.com.
 - Cancellations received at least 30 days prior to camp start date will be refunded except for \$100 as administration fee.
 - Cancellations within 30 days of camp start date will receive a credit voucher toward a future DiscoveryLand Camp session, except \$100 (administration fee), valid for three years from date of issue.
 - There is no refund for arriving late, leaving early, no shows, or expulsion from camp.
 - In case of injuries and illness within 30 days of camp start date the camper will receive a credit voucher toward a future DiscoveryLand Camp session, valid for three years from date of issue.
 - Please allow 4 - 6 weeks for refunds by cheque.
- Phone communication and Visitors. For the overall enjoyment and betterment of both your child and other camp participants, like almost all Canadian overnight camps, we do not encourage parental visits. Exceptions: camper pick up/delivery and registration for more than 2 weeks. For the same reason, we don't have direct communication between campers and parents. Exceptions are birthdays and medical emergency. Parents have a possibility to call the camp at due time (every day from 3.00 PM to 5.00 PM) and speak to camp staff.
- Electronic games, cell phones, and unsafe items such as matches, knives, lighters will be confiscated and kept in administration storage till the end of the session.
- The Director reserves the right to refuse enrolment if in her opinion it is in the best interest of the camp.
- Campers with behavioral concerns may require additional supervision in order for them to safely remain at camp. If, in the opinion of the Director, a camper requires extra supervision, and it is reasonable and possible for the camp to provide this extra supervision, it is understood that this additional cost must be assumed by the Parents.
- Parents agree to pay for any and all damages intentionally caused by their child to camp property and/or the property of others. We appreciate your understanding with respect to our policies and look forward to seeing you this summer!

I have read with my child, understood, agree with and accept DiscoveryLand Camp Policy. To the best of my knowledge my child is in good health and I have fully disclosed all medical, psychological and/or emotional problems or concerns. In the case that the above medical information should change before arriving at camp, I will disclose changes in my child's health status in writing to the camp. I agree to update the camp of any camp/school issues, (suspension, discipline) or social, emotional, or psychological issue that could affect our child or any other child, prior to camp. In case of emergency, should we not be immediately available for consultation, I hereby give permission to the physician/and or camp staff selected by the Camp Director to hospitalize, secure proper treatment for, and/or to order and secure necessary transportation, injections, anesthetics or surgery for my child, as named above. I hereby waive, release and absolve and agree to indemnify and hold harmless the camp and their respective officers, employees, director and agents from all liability arising from my child's participation in their program. I confirm that my child is capable of participating safely in the full program including all trips/kayaking trips and all activities unless I advise you otherwise in writing and I acknowledge that such participation involves risks and hazards incidental thereto all of which are assumed by me. I agree to be responsible for any extra medical expenses incurred by my child or by the camp on behalf of my child. I acknowledge that any medical treatment will be performed in the Province of Ontario and that the Courts of Ontario shall have exclusive jurisdiction over any claim, legal dispute or cause of action arising out of my child's stay at DiscoveryLand Camp, or his/her medical treatment, including any relationship with a physician, nurse or hospital. I hereby agree that if I commence any such legal proceedings they will be held only in the Province of Ontario and I hereby irrevocably submit to the exclusive jurisdiction of the Courts of the Province of Ontario.

 Name of Parent/Guardian Relationship to child Signature of Parent/Guardian DD-MM-YYYY

FORM 4. AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the camper's parent or guardian. Camp staff reserves the right to use generic equivalents when available for the name brand over-the-counter medications listed above.

If you have any concern against any of the listed below medication, cross it out:

I hereby authorize that the following medications may be given to my child, if the need arises:

- Pepto Bismol for upset stomach, diarrhea or nausea as directed.
- Imodium for diarrhea as directed.
- Benadryl, Claritin for swelling, hives, allergic reaction, as directed.
- Tylenol/Advil as directed.
- Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic).
- Throat lozenges and or sore throat spray as directed.
- Cough syrup as directed.
- Calamine lotion for bug bites, sunburn and poison ivy.
- Sunscreen, Bug repellent, After bites.

I understand that such administration will not be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed. Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the camper's parents. I shall indemnify and hold harmless the DiscoveryLand Camp Staff against any claims that may arise relating to my child being administered the above indicated over-the-counter medications.

Parent/Guardian Signature: _____ Date _____

Fill out **ONLY** if your child requires carrying any medication while at camp.

Child's name: _____ Parent/Guardian Name: _____

These forms must be filled by Parent/Guardian, who has legal authority to consent to medical treatment for the camper named above, including the administration of medication

FORM 5. REQUEST FOR ADMINISTRATION OF PRESCRIPTION MEDICATION

This form provides permission to employees of DiscoveryLand Camp to administer medication to campers during camp hours as per details provided below. The parent/guardian of a camper with a serious health concern is responsible for providing, in advance, medication/supplies for any treatment required in a life-threatening situation. Bring your child's medications in a plastic zip locked bag with your child's name on it. Put it in your child's bag and ask her/him to give it to the Camp Counsellor when asked, for storing after arrival. All medications must be in an original container with a currently dated, accurate pharmacy label.

Our employees are instructed to follow the doctor's or parent's/guardian's instructions explicitly. Persons dispensing medications are not medically trained health care professionals and cannot be held responsible for any conditions that may arise from the administration of the medication to a camper.

Name of medication	Health concern for which medication is to be given	Dosage	Time to be given	Expected side effect (if any)

I hereby give permission to DiscoveryLand Camp Staff to administer the above listed medication prescribed for my child.

Parent/Guardian Signature: _____ Date _____

Fill this form out **ONLY** if your child requires carrying any medication while at camp and can self-manage care and delivery of medication.

FORM 6. AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Bring your child's medications in a plastic zip locked bag with your child's name on it. Put it in your child's bag.

Name of medication	Health concern for which medication is to be given	Dosage	Time to be taken	Expected side effect (if any)

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the DiscoveryLand Camp Staff, against any claims that may arise relating to my child's self-administration of prescribed medication(s). My child is instructed not to share this medication with anyone.

Parent/Guardian Signature: _____ Date _____