

**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 period  
from \_\_\_\_\_ to \_\_\_\_\_  
D-M-Y D-M-Y

\_\_\_\_\_  
Name of Parent or Guardian\_\_\_\_\_  
Signature of Parent or Guardian\_\_\_\_\_  
D-M-Y**FORM 2. CAMPER'S HEALTH AND SAFETY INFORMATION FORM**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name Last Name D-M-Y

**EMERGENCY CONTACT TELEPHONE NUMBER:** \_\_\_\_\_

Child's Home Address: \_\_\_\_\_  
Number Street City Postal Code

Child's Home Phone Number: \_\_\_\_\_

Fathers (Guardian's) Name: \_\_\_\_\_

Mother's (Guardian's) Name: \_\_\_\_\_

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

Blood Type (if known): \_\_\_\_\_  
Does your child have any special condition which must or should be taken into consideration in his/her participation in Camp program? \_\_\_\_\_

Did your child have any surgery or serious medical treatment over the past 6 months? If yes, please specify \_\_\_

Allergy: \_\_\_\_\_

Asthma: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Epilepsy: \_\_\_\_\_

Any problems with heart, feet, legs, skin (please specify): \_\_\_\_\_

Rheumatic Fever: \_\_\_\_\_

Recent illness or operation: \_\_\_\_\_

Other: \_\_\_\_\_

Does your child carry any medication for the above-mentioned condition(s)? If so, please give details: \_\_\_\_\_

Has he/she any drug allergy or sensitivity? If so, please give details: \_\_\_\_\_

Has he/she any serum sensitivity? If so, please give details: \_\_\_\_\_

Date of last tetanus shot (if known): \_\_\_\_\_

If there are any medical details that you feel might be of some assistance to ensure the safety of your child, use the space below to inform of these details.

Name of Parent /or Guardian \_\_\_\_\_

Signature of Parent /or Guardian \_\_\_\_\_

\_\_\_\_\_  
D-M-Y

**FORM 3. CAMP POLICY, TERMS & CONDITIONS**

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

1. Camp can not be held responsible for lost, damaged or stolen belongings including clothing collected for laundry. Campers should not bring valuables to camp.
2. The parent/guardian hereby consent to the use by the Camp of my child(ren)'s photo, video and name for publicity purposes.
3. 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 up the camper. 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 instructor's 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 the tents at night time.
4. 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](mailto:info@discoverylandcamp.com). In addition to emailing your request to execute our cancellation policy, you may call us at 647-885-5352.
  - Cancellations received at least 30 days prior to camp start date, will be refunded less a \$100 administration fee.
  - Cancellations within 30 days of camp start date will receive a credit voucher toward future DiscoveryLand Camp session, less \$100, valid for three years from date of issue.
  - There is no refund for arriving late, leaving early, no shows, or the expulsion from camp.
  - In case of injuries and illness within 30 days of camp start date the camper will receive a credit voucher toward future DiscoveryLand Camp session, valid for three years from date of issue.
  - Please allow 4 - 6 weeks for refunds by cheque.
5. Phone communication and Visitors. Remember that a little homesickness is normal and even healthy. It is a common occurrence for many youth and our staff is trained to deal with this issue. 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: campers pick up/delivery and registration for more than 2 weeks. For the same reason, starting last year, we don't have direct communication between campers and parents. Exception is birthdays. Parents have a possibility to call the camp at due time (every day from 1.00 PM to 2.00 PM) and speak to camp staff

We appreciate your understanding with respect to our policies and look forward to seeing you this summer!

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 related transportation, injections, anesthetics or surgery for my child as named above. I hereby waive, release and absolve and agree to indemnify and save harmless the camp and their respective officers, employees 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.

I have read, understood, agree with and accept DiscoveryLand Camp Policy :

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
D-M-Y