# Summer Music Camp
# Medical Form

*Please complete and return during registration on the first day of camp.*

Camper's Name:_____

Date of Birth: ____/____/_____ Gender: _____
DAY MONTH YEAR

Parent's/Guardian's Name(s):_____

Emergency Contact and Phone Number: _____

Ontario Health Card Number: _____

Doctor's Name and Telephone Number: _____

Allergies and/or Dietary Restrictions: _____

_____

_____

Will your child require any medications during the day? Please list with dosages and times:

_____

_____

Medical Conditions: _____

_____

_____

Other information: _____

_____

_____

*Parent/Guardian Signature:* _____

*Date:* _____