

EXPLORE YU – SUMMER 2024 MEDICAL RELEASE

Camper's Name _____ Birth Date: _____

Address: _____ Phone: _____

Parent's/Guardian's Names: _____

Address (if different from the camper's): _____

Family Doctor's Name: _____

Address of Family Doctor: _____

Phone Number of Family Doctor: _____

1. Is your camper allergic to:

- Bee Sting Pollens Medical/Drug: _____
- Hay/Straw Peanuts Other: _____

2. Does your camper have any life-threatening allergies? (If yes, to what?)

3. Does your camper have any dietary restrictions? (If yes, please list.)

4. Is your camper bringing any medication with them? (If yes, please list.)

5. Does your camper require any accessibility accommodations for physical, mental, and behavioural needs that our staff should be aware of? (If yes, please explain.)

6. Has your camper ever had

- Seizures Asthma Diabetes
- Other: _____

In the case of a medical emergency, I understand that in Ontario, children are treated to the best judgement of medical professionals until parents are contacted or arrive. I hereby give my permission to a representative of York University to secure proper medical treatment for my camper. Parents/guardians will be notified immediately.

Signature of Parent/Guardian: _____ Date: _____

Emergency Phone: _____