

Medical & Additional Information Form

Camper name: _____

Camper Date of Birth: _____

Age: _____

Camp Location: _____

Week(s) Attending: _____

Parent/Guardian #1	
Name:	
Home:	
Work:	
Cell:	

Parent/Guardian #2	
Name:	
Home:	
Work:	
Cell:	

Emergency Contacts		
Name	Relationship	Phone Number

ALLERGIES

Does your camper have any allergies?

Yes

No

Please list all allergies & symptoms below:

Allergy	Type of Reaction	Is an EpiPen required?

MEDICAL HISTORY / MEDICATIONS

Please list any medical history and medications that your camper has in the space provided below:

Condition	Details	is medication required?

Please list any medications that your camper will need assistance with while at camp:

Condition:	Name of Medication:		
Dosage Time:	Dosage/Amount Taken:	Administration Method:	
Storage & Safekeeping:	Possible Side Effects:		

ADDITIONAL BEHAVIOUR INFORMATION

Please list any additional behaviour conditions or concerns that your camper has in the space provided below:

WAIVER

I hereby request and give permission to Royal City Soccer Club (RCSC) staff including camp counselors, supervisors, regional coordinators and volunteers to assist my child in administering their prescribed medicine and/or epipen according to RCSC policies and instructions provided in this form. I fully acknowledge that with administration of medication and/or an epipen may be certain risks or hazards for which I will not hold the RCSC or any of its staff, volunteers or members responsible.

Checking this box confirms that you have read the waiver, that you understand it, and that you agree to be bound by it.

Signature of Parent/Guardian: _____

Date Signed: _____