



GENERAL HEALTH CONCERNS ALERT POSTER

Child's Name: _____ Camper Age: _____

Emergency Contacts

1. Name and Relationship: _____

Daytime Telephone #: _____ Alternate Telephone #: _____

2. Name and Relationship: _____

Daytime Telephone #: _____ Alternate Telephone #: _____

3. Name and Relationship: _____

Daytime Telephone #: _____ Alternate Telephone #: _____

Medical Concern(s) (list most serious first):

Wears Medic Alert? Yes No

Any other medical condition or allergy?



Municipality of Clarington
Community Services

DAILY/ROUTINE MANAGEMENT

SYMPTOM DESCRIPTION:	ACTION: (eg. Description of dietary therapy, risks to be mitigated, trigger avoidance)
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BASIC FIRST AID: CARE AND COMFORT

FIRST AID PROCEDURE(S):

I have read and understood that the personal information and photo on this form may be posted and/or made available to staff in case of an emergency. Personal information contained on this form is collected under the authority of the Municipal Act, and will be used by the staff in case of an emergency. Questions about this collection should be directed to the Recreation and Fitness Coordinator.

In an emergency, the camp staff will administer first aid and contact parents or the emergency contact. In the event that contact cannot be made, the child will be transported to the hospital.

Parent/Guardian Signature

Date