



RA SUMMER CAMP MEDICAL FORM 2011

(PLEASE PRINT CLEARLY)

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Camper's Last Name

First Name

Date of Birth (mm/dd/yy)

By registering for an RA Camp Program, it is understood that it is the responsibility of the parent or guardian to notify the RA Centre if the camper has any severe allergies or health conditions and to provide pertinent details to help ensure their health and safety while attending camp. If no medical concerns exist, check and initial in the applicable boxes below. We respect your privacy. Personal and medical information is protected under the Freedom of Information and Protection of Privacy Act.

PLEASE COMPLETE and RETURN this Medical Form before camp begins.
By FAX - Attention Summer Camps 613-736-6234 or by e-mail to Camps@racentre.com.

No Allergies or medical conditions exist

Parent's Initials _____

Please note : If you do not complete and submit this medical form before commencement of your child's camp, the RA Camps will conclude that your child has no allergies, no medical conditions and no limitations, that would restrict them from participating in all camp activities.

Camper's Medical Information

Allergies - Please describe specific details of allergy and recommended action.

Mild	
Moderate	
Severe/Life threatening	

Epipen required

 yes no

Medical Conditions - Please include health or physical impairments, A.D.D., medications, injuries or activity restrictions or other pertinent info.

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Parent/Emergency Contact Information - Please provide two phone numbers per emergency contact.

Name	Relationship	Phone #	Phone #

Please note, we strive to offer a nut-free environment, the RA Centre and program staff are not able to guarantee a 100% risk free or allergen free environment.

Parent or Legal Guardian's Signature

Date