



2023 Summer Camp Registration Form

Camper's Name: _____ Gender: Male Female Non Binary

D.O.B. _____ Age _____ Camp Week _____ Camp Date _____

Address: Street _____ City: _____ Prov _____ Postal Code _____

Phone: _____ Cell: _____ Email: _____

Cabin-mate Request: _____

PARENT/GUARDIAN INFORMATION (If parent name is different from child – please indicate)

Contact 1 _____ Phone (Cell/Home) _____

Contact One Relationship to Camper: _____

Contact 2 _____ Phone: (Cell/Home) _____

Contact Two Relationship to Camper: _____

Names of individuals with permission to pick your child up from camp other than parent/guardian.

1. _____ 2. _____

Full payment must accompany this Registration/Health form

To reserve your child(s) spot, please email registration form to campmcdougall@gmail.com

Full payment must accompany registration forms to secure the camper's spot. If you require help with the costs of your camper attending camp, please email the camp and we will be happy to try and help.

Acceptable forms of payment are cheques made out to Camp McDougall Inc

There will be a \$50.00 charge on any NSF cheques/ Please e-transfers to campmcdougall@gmail.com

If Mailing Registration Please send to: Please note email copy is all that is required

Camp McDougall – PO Box 22068, Cambrian PO, Sault Ste Marie, ON P6B 0E9.

Family Discount - If you have two or more children registering - a 10% discount on fees will apply (\$378.00/child)

Cancellation/Refund Policy:

\$25.00 administration fee will be charged on cancellations received ten or more working days before the start of a camp.

\$50.00 administration fee will be charged on cancellations received from zero to 9 working days before the start of a camp.

There will be no refunds once a session has started.

In case of withdrawal during camp due to a physician's order, a \$50.00 administration fee will be withheld from the refund.

No refunds will be given for dismissals due to disciplinary action, late arrival, or early departure.

Please Note: Drop-off time for campers is 4 pm On Sunday of Camp Week.

Pick-up time for campers is 5 pm on Friday of Camp week.

Please do not drop off campers early or pick them up late, as staff are not available for supervision!

Camp McDougall: Camper Health Form

Camper's Name: _____ OHIP Health Card _____

Doctor's Name: _____ Doctor's Phone: _____

Please check any health concerns this camper has:

ADD/ADHD Epilepsy Asthma Behaviour Concerns Bed Wetting Diabetes Heart Condition
Autism Other Please Provide Details:

Allergy Information:

Does your child have an **epi-pen** Yes or No if yes, Camp prefers if you can send two along with camper.

Please list and describe any allergies and the camper's possible reactions:

Please note Camp McDougall tries to accommodate food allergies, but you will be notified if your child's food allergies cannot be accommodated.

Dietary concerns: The camp accommodates medically related dietary needs.

Lifestyle dietary choices that require individual menu preparation cannot be accommodated.

Immunization History: Up to date Yes or No

Date of last **Tetanus Toxoid Booster:** _____

Can camper participate fully in the program? Yes or No If No, please explain:

Does the camper receive Education assistance in school? __Yes or __No If yes, please describe:

List all medication being brought to camp:

Medication Name	Dosage	Times to be Given

All medications will be kept by our camp director, except for inhalers and EPI pens which may be kept on a camper's person. For medications administered by injection, the camper must be able to self-administer with supervision.

*******Please send all medication in the original containers*******

Camper's are discouraged from bringing over-the-counter medication (i.e., Tylenol, Gravol, cold meds).

Camp is well-stocked, the camp director can administer Over-the-counter medications, if needed.

Camper's will be checked for lice/eggs/nits at the time of arrival at camp

CONSENT TO TREATMENT:

1. To the best of my knowledge, my child is in good health and has not been exposed to any serious and/or infectious disease, including lice, in the past four weeks. If he/she becomes exposed to any serious/infectious disease between now and the time of departure for camp, I understand that the Camp must be notified if there is any changes in the weeks prior to attending camp.
2. I authorize the staff of Camp McDougall to provide medical attention to my child if needed. I agree to accept financial responsibility for any medical expenses above the benefits allowed by Provincial health and/or other insurance plans.
3. The medical advice has been such that further service is required, services that require the consent of the parents/guardians.
4. Where all attempts to contact the parents/guardians have failed, or where, due to the nature of the emergency, there is insufficient time to contact the parent/guardian, it shall be at the discretion of the Camp Director as to what steps are taken for the welfare and safety of the applicant.
5. In the case of a surgical emergency when parent or guardian is not available for consultation, I hereby permit the physician selected by the Camp Director or Designate to hospitalize, secure proper treatment for my child as named above.
6. I hereby permit Camp McDougall's Staff Personnel to administer over-the-counter medication in case of minor injury and/or illness during my child's stay at Camp.
7. I also permit Camp Staff to provide Standard First Aid to my child as appropriate.

I have read, understood, and accepted the consent to treatment stated above. The information I have provided is true and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____