

# Special Consideration Information Form

If your child has any significant behaviour/ medical and or special needs and you did not include this information on the registration form, or feel that you should provide additional information please complete this form. It is important that the form is mailed or faxed prior to the start of camp - Fax # 905-575-2202. Full disclosure is required

Name of Camper: \_\_\_\_\_

Health Card#: \_\_\_\_\_

## Parent/ Guardian Information:

\_\_\_\_\_  
(Name) Daytime Phone#: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone#: ( ) \_\_\_\_\_

\_\_\_\_\_  
(Name) Daytime Phone#: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone#: ( ) \_\_\_\_\_

## Alternate Emergency Contact Information: (if both parents/guardians can not be reached)

\_\_\_\_\_  
(Name) Daytime Phone#: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone#: ( ) \_\_\_\_\_

Describe campers special needs or challenges that require additional consideration ( Full disclosure is required).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescription Medication: \_\_\_\_\_

Amount per Dose: \_\_\_\_\_

Time(s): \_\_\_\_\_

Potential Side Effects: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My Child carries an: Epi-Pen  Yes  No Asthma Inhaler  Yes  No

I, \_\_\_\_\_ authorize the administration of the following prescribed drug(s), to my child, \_\_\_\_\_ by the staff of the Mohawk Summer Camp as directed above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_