



CHILD CONTACT INFORMATION

First Name Last Name

Gender

Male Female

School

Grade

D.O.B

Address

Town/City

Province

Postal Code

H/ Phone

PARENT/GUARDIAN - CONTACT INFORMATION

Title

Mr Mrs Ms

First Name Last Name

C/ Phone W/ Phone

Email

Relation to Child

EMERGENCY CONTACT INFORMATION 1 - ALTERNATE PICKUP/RELEASE

Title

Mr Mrs Ms

First Name Last Name

C/ Phone W/ Phone

Email

Relation to Child

EMERGENCY CONTACT INFORMATION 2 - ALTERNATE PICKUP/RELEASE

Title

Mr Mrs Ms

First Name Last Name

C/ Phone W/ Phone

Email

Relation to Child

MEDICAL RELEASE INFORMATION - INSURANCE INFORMATION

Policy Number

Name of Health Insurance Provider

Primary Physician

P/Number

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures) and if there would be a need to call paramedics

Give answers like this

Medical Problem: Answer
Required treatment: Answer
Call paramedic: YES/NO

Please note that by signing at the bottom of this section, you are giving approval to the registration of your child/ward to participate in the BIORECC Summer Camp 2023

Signature