City of London
Parks and Recreation / Storybook Gardens

PARTICIPANT INFORMATION AND HEALTH HISTORY FORM

Instructions: Complete this form **before participant arrives at program**. (*A physician's signature is not required on this form, however, we strongly encourage the participant to have a yearly physical check-up by your family doctor. One annual physical check-up is covered by OHIP*). The personal information collected on this form is collected under the authority of the Municipal Act and will be used to administer the summer recreation program that your child is enrolled in. Questions about this collection should be addressed to the Manager of Storybook Gardens, Parks and Recreation 1958 Storybook Lane N6K 4Y6, or by calling 519-661-5770.

Participant Information:		**PLEASE PRINT WHEN COMPLETING THIS FORM**
Surname:	First Name:	Gender: ☐ M ☐ F
Date of Birth: _____/_____/_____ (Day/Month/Year)	Age:	Home Phone:
Address:_____ Apt. # Street # Street Name		
City:		Postal Code:
Health Card No.		Version Code:
Other Health Insurance:		
Parent/Guardian #1 Surname:	First Name:	
Address (if different from above):		
Home Phone:	Work/Cell Phone:	
Parent/Guardian #2 Surname:	First Name:	
Address (if different from above):		
Home Phone:	Work/Cell Phone:	
Emergency Contacts: *These will be the people who are allowed to pickup your child or who will be called if a parent/guardian cannot be reached in an emergency.* ***These MUST be different contacts than Parent/Guardians.*** *These persons will be asked for* ***photo identification*** *at pick-up time.*		
Contact #1 Name:		Relationship:
Address:		
Home Phone:	Work/Cell Phone:	
Contact #2 Name:		Relationship:
Address:		
Home Phone:	Work/Cell Phone:	
Contact #1 Signature:	Contact #2 Signature:	
Family Physician:		Phone:
Date of last examination: _____/_____/_____ (Day/Month/Year)		
I give permission for my child to be photographed for promotional purposes (e.g. Spectrum)		☐ Yes ☐ No

Sun Screen: It is a City of London policy to allow staff to assist participants with the application of sun screen provided the following has been completed.

I _____, give permission for the staff of City of London Neighbourhood Day Camp/Playground to assist in the application of sun screen to _____. I understand that adequate sun screen coverage will be my full responsibility, and not of the staff. I also understand that I must provide a clearly labeled bottle of approved sun screen. We recommend that sun screen be waterproof, provide UVA/UVB protection and have a SPF of at least 30 and that it contain **no peanut products**.

Photo Identification: **It is a City of London policy to require photo identification for all legal guardians and appointed emergency contacts. Always be prepared to show photo identification when picking up you child from camp.**

Swimming Ability: ☐ Beginner ☐ Intermediate ☐ Advanced

Lice: If lice is detected on any participant at this site, we will advise parents/guardians by letter. As well, all participants will be checked for lice. ☐ Check my child for lice ☐ Do not check my child for lice

Are there any current issues which involve your child in terms of Court Orders, Custody Issues and/or Restraining Orders?
☐ Yes ☐ No If yes, please speak with our program staff.
Please note: we require copies of court documents to enforce these orders.

HEALTH HISTORY

Allergies:

Drugs: _____

Food: _____

Insect Stings or Bites: _____

Seasonal Allergies (ie. Hay Fever): _____

Other: _____

Reactions: _____

Carries: Ana Kit ☐ Yes ☐ No EpiPen: ☐ Yes ☐ No

Recent Illness, Operations or Injuries: _____

Is participant under any form of treatment/medication for any illness, condition or injury? ☐ Yes ☐ No

If yes, please explain: _____

Will this condition limit or affect participation in activities? ☐ Yes ☐ No

If yes, please explain: _____

Immunization: (Please Indicate if Immunizations/Boosters are up to date):

TdP (Tetanus, diphtheria, polio)	☐ Yes ☐ No	Hepatitis B	☐ Yes ☐ No
MMR (Measles, Mumps, Rubella)	☐ Yes ☐ No	HIB	☐ Yes ☐ No
Chicken Pox	☐ Yes ☐ No	Meningitis	☐ Yes ☐ No

Past History of Communicable Diseases and Approximate Dates:

Chicken Pox _____/_____/_____ (Day Month Year)

Whooping Cough _____/_____/_____ (Day Month Year)

Hepatitis _____/_____/_____ (Day Month Year)

Other: _____

Other Health Issues: (Please check any applicable areas)

☐ Asthma	☐ Vision Difficulties	☐ Heart Disease/Defect
☐ Behavioural Concerns	☐ Emotional/Physical Limitations	☐ Hypertension
☐ Clotting Disorders	☐ Frequent Colds/Sinus Trouble	☐ Skin Conditions
☐ Seizure Disorders	☐ Headaches	☐ Urinary Tract Infection
☐ Diabetes	☐ Hearing Aids	☐ Physical Limitations
☐ Eating Disorders	☐ Hearing Difficulties	☐ Use of prosthetics/aids _____

☐ Other (please explain) _____

Medications Being Sent & To Be Taken by the Child: (If you need more space, please write on back of last page)

Medication Name	Dosage	Administration Times	Reason for Taking
1.			
2.			
3.			
4.			
5.			
6.			

AUTHORIZATION

To the best of my knowledge, this participant does not have a communicable disease, has not been in contact with anyone who has a communicable disease within 3 weeks of the program start date, and is physically able to participate in all program activities except as indicated. All medical problems, or conditions requiring ongoing medical supervision or care, have been fully noted. I give permission for this health information to be shared with the appropriate staff and outside medical personnel as necessary. If the parent/guardian cannot be reached, permission is, hereby, given to the staff to take whatever steps deemed necessary to ensure the safety and health of the participant. This also allows permission for the staff to contact the participant's family physician/specialist. (PIease inform your physician/specialist that you have given this authorization).

I, hereby, certify that all information completed in this form is accurate and up to date. I will contact the staff, in writing if any changes occur in the participant's health status between now and arrival at the program as well as during the program.

_____ _____

Parent/Guardian Name (Please Print) Parent/Guardian Signature

_____

Date

London
CANADA