



Emergency Contact and Consent Form – Camp Programs

Child Name _____

Emergency Contact(s)

Name _____

Name _____

Relationship to Child _____

Relationship to Child _____

Primary Phone # _____

Primary Phone # _____

Secondary Phone # _____

Secondary Phone # _____

Medical Information

Known medical conditions _____

Known allergies (including food) _____

Current medications _____

If any medications will be required while at camp please fill out the Medication Consent Form

Person(s) Permitted to Pick-up Child

Name _____

Name _____

Relationship to Child _____

Relationship to Child _____

Primary Phone # _____

Primary Phone # _____

Secondary Phone # _____

Secondary Phone # _____

Photograph Release

- I give permission for City of Oshawa staff to take photographs of my child during camp for potential use in future promotional materials

Food Consent

- I give permission for City of Oshawa staff to give my child food or drink as a part of the camp program

I understand that by signing below I am agreeing that my child will only be released to the person(s) whom I have identified above as Emergency Contact or Person Permitted to Pick-up Child and the person(s) may be required to show proof of identification. I hereby release the City of Oshawa and its staff from any legal liability and from all claims that may arise due to or relating to my child leaving camps with the Emergency Contact or Person Permitted to Pick-up Child noted herein.

Parent/Guardian Signature _____

Date _____

Information on this form is collected under the authority of the R.S.O. Municipal Act, c.M.56 and will be used to administer the recreation programs of the City of Oshawa. Inquiries about this collection may be directed to the Recreation & Culture Services Branch, Community Services Department at 905-436-3311.