



**HEALTH INFORMATION**

Name of Participant \_\_\_\_\_

Does the participant have a disability or require support? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, you are required to complete the "Inclusion Support Information Sheet."*

Please note that if your child requires Educational Assistance (EA) at the school, we do require that they have an adult or responsible teenager accompany them to camp.

**Medication / Allergies**

1. Does the participant require medication? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you require medication to be administered or stored by staff during the program?  
Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please fill in the required medical forms.*

3. Does the participant have any allergies? (food/drug/environmental, etc)?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes, please indicate each and the treatment required:*  
\_\_\_\_\_  
\_\_\_\_\_

4. Does the participant have a life-threatening allergy? (Anaphylaxis)  
Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please complete the required anaphylaxis action plan form.*

5. Does treatment for this allergy involve use of an epi-pen/twinject? Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical Advice and Service**

I, \_\_\_\_\_, hereby authorize staff to secure such medical advice and services as may be deemed necessary for the health and safety of the participant.

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

I, THE ABOVE-NAMED CANDIDATE FOR THE PROGRAM SELECTED ABOVE, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND TRANSPORTATION TO AND FROM THE PROGRAM.

**IT IS UNDERSTOOD AND AGREED THAT THERE IS RISK IN ANY PROGRAM AND THE TOWN OF WINDSOR, ITS STAFF AND ITS PROFESSIONAL AND NON-PROFESSIONAL VOLUNTEERS AND ITS SPONSORS ARE IN NO WAY RESPONSIBLE FOR THE DAMAGE TO OR LOSS OF PROPERTY, INJURY OR**

I, THE UNDERSIGNED, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE THE TOWN OF WINDSOR, THEIR SUCCESSORS AND ASSIGNS, OF AND FROM ALL MANNER OF ACTIONS, CAUSES OF ACTION, DEBTS, ACCOUNTS, COVENANTS, CONTRACTS, CLAIMS AND DEMANDS WHICH I EVER HAD, NOW HAVE OR MAY HAVE OR WHICH, MY HEIRS, EXECUTORS, ADMINISTRATORS OR ASSIGNS OR ANY OF THEM HEREINAFTER CAN, SHALL OR MAY HAVE, FOR ANY REASON OF ANY CAUSE, MATTER OR THING

I, THE UNDERSIGNED, FURTHER AGREE TO INDEMNIFY AND SAVE HARMLESS TO THE TOWN OF WINDSOR, ITS STAFF AND ITS PROFESSIONAL AND NON-PROFESSIONAL VOLUNTEERS AND ITS SPONSORS FROM ALL CLAIMS, INCLUDING COSTS ON A SOLICITOR AND CLIENT BASIS, ARISING FROM ANY LOSS, INJURY OR DEATH SUFFERED BY ME ARISING OUT OF PARTICIPATING IN ANY RECREATIONAL PROGRAM OF THE TOWN OF WINDSOR.

Date: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_