



CAMP LIVINGSTONE

C.P. 818 CSP Magog, Magog QC J1X 5C6
Telephone: (819)-843-2019 Fax: (819)-843-7975

Medical Form

Child			
Last name			
First name			
Sex	M	F	
Dates at camp	Teen	Exp. 1	Exp. 2 Exp. 3
Medical card #	Exp:		
Date of birth	YYYY / MM / DD	Age:	
Medical Background			
Allergies		Treatment	
Medication		Dosage	
Medication		Dosage	
Medication		Dosage	
Recent medical attention received (explain):			
Past illnesses that could re-occur at camp:			
Physical condition that could hinder participation in activities:			
*If the child has athma, please bring 2 inhalers (one to be kept with the child, and one with the nurse.)			
Date of last tetanus shot: YYYY / MM / DD			
Other			
Father		As legal guardian and/or parent, I recognize the risks of accidents and injury resulting from activities at camp and give the above mentioned camper permission to participate in all camp activities including transportation to and from camp activities. I understand that all information included in the registration and medical forms will be kept in a secure location for exclusive use by the camp for an indefinite period of time as required by our policies. I authorize that my contact information may be shared for camp endorsed follow-up activities within the 12 months following summer camp. I give the camp permission to take photographs and videos involving this camper for the purposes of promotion. I hereby authorize Camp Livingstone to administer First Aid and medical treatment if deemed necessary (this includes calling an ambulance or seeking professional medical attention). I will reimburse the costs incurred by the camp for any medical attention given to the camper. I also have read and agree with the content of the code of conduct.	
Last name			
First name			
Address			
Phone			
Mother			
Last name			
First name			
Address			
Phone			
In case of emergency , if parents/guardians are unavailable, contact			
1. Name			
Phone			
Relation to camper			
2. Name			
Phone			
Relation to camper			
If applicable, who has custody of the child? (Please enclose a photocopy of a court order referring to visitation rights.)			
Name			
Who will be picking up the child on check out day?			
Name			
Signature		Date	