



CAMPER INFORMATION

Name of Child: _____ Date of Birth: _____

Parent/Guardian 1:

Name: _____ Phone: _____

Relationship: _____ Email: _____

Parent/Guardian 2 (if applicable):

Name: _____ Phone: _____

Relationship: _____ Email: _____

Other people authorized to pick up child:

Name: _____ Phone: _____

Name: _____ Phone: _____

MEDICAL INFORMATION

Care Card #: _____

Medical Conditions / Allergies (If any): _____

Medications (Epi-Pen, Inhaler, etc., if any): _____





INFORMED CONSENT (please initial in the spaces below)

_____ In the event that my child requires emergency medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

_____ I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those listed above.

_____ I give permission for my child to be photographed and/or videoed by the Village of Cumberland for use in online promotional materials including website content and/or social media (e.g. Facebook) and/or printed promotional materials such as brochures, recreation guides or other promotional material.

COVID-19 DECLARATION

Based on having read and understood the foregoing, I declare as follows:

By participating in your programs and/or visiting your facilities, I will be at risk of contracting Covid-19, in spite of any precautions taken by me or by facility/program staff.

Covid-19 is a highly infectious disease with a latent period of transmissibility during which time apparently healthy people can be infectious.

Covid-19 is a potentially fatal disease affecting people of all ages.

Covid-19 can be significantly more dangerous in people of already compromised health, and it is my responsibility – not that of program or facility staff – to understand my current health and limitations and to take appropriate additional precautions as required.

I understand that if infected, I could be at risk of transmitting the disease to other family members, including those with high risk, pre-existing conditions, and that this might occur before my own sickness has become evident.

I have read and understand the above information and willingly accept the above risks.

Signature of Parent or Guardian

Name of Parent or Guardian (please print)

Date

