

Peterborough Museum & Archives Day Camps



Personal Health/Information form for Day Camp Programs

The City of Peterborough undertakes to safeguard your child while participating in a program at the Peterborough Museum & Archives. If you require further information, please contact the Education Officer at 705-743-5180. Completion of this form is mandatory and we request that they be submitted on or before the start date of the program.

Participants **FIRST Name:** _____ **LAST Name:** _____

Name(s)/ Date(s) of Camp(s) Attending: _____

Birthday date (d/m/y): _____ Age: _____ Male Female

Parent/Guardian Name(s) _____ & _____

Home Telephone Number _____ & _____

Day Time Telephone Number _____ & _____

Cellular Telephone Number _____ & _____

Primary Caregiver's Email Address: _____

Would you like to receive promotional information on PMA camps and events? YES NO

Are there special custody arrangements for this participant? YES _____ NO _____

If yes, please describe:

Pick- Up Authorization:

Please list any/all alternative caregivers, other than the parents/guardians listed above, that will be picking your child up from the program. Please note that the children will only be released to individuals to whom you have given authorization on this form. We thank you in advance for assisting us to keep your children safe!

NOTE: We will also be using the individuals listed below as alternative emergency contacts for your child.

Release Permission AND Emergency Contact Information

(1) Name: _____ Relationship to Child: _____ Day Time Ph # _____

(2) Name: _____ Relationship to Child: _____ Day Time Ph # _____

(3) Name: _____ Relationship to Child: _____ Day Time Ph # _____

(4) Name: _____ Relationship to Child: _____ Day Time Ph # _____

Please list all medical conditions, disabilities, conditions, needs, behaviours, and any special instruction for your child:

If medication(s) or treatment(s) of any sort are required for your child (i.e. prescription meds, puffers, epi-pens, etc.) or further information is required to assist our staff, please complete an “Administration of Medication” form, available from day camp personnel. If your child requires 1:1 supervision, please provide the name of the adult that will be attending the program with your child.

Name: _____

Please carefully read and sign:

My/our signature below confirms permission for my/our child to participate in all program activities, including those supervised trips and activities (if trips are a component of your child’s program) not on the Peterborough Museum & Archives property. In the course of program activities, photos may be taken and audio and/or visual recordings may be made. I, on behalf of my child, understand the nature of these activities. I/we hereby:

- Certify that the information in this document is true and correct, and agree to disclose any and all factors which would or might prevent or limit my child from full participation in the program;
- Agree to permit program staff to act on my behalf in case of an emergency;
- Confirm that I/we have read, accept and will abide by the conditions of registration and the policies and procedures of the Peterborough Museum & Archives;
- Agree that my child’s photo or image may be used for promotional purposes by the Peterborough Museum & Archives, including on social media outlets; and
- Certify that as an individual parent/guardian signing this agreement, I am acting as an agent of the other parent(s)/guardian(s) and have the authority to execute this agreement on their behalf.

Signature(s) _____/_____

Print Names _____/_____

Date _____

The information on this form is being collected under the City’s authority under the **Municipal Freedom of Information and Protection or Personal Information Act** and will be only retained by the City for a period of three years.