



2017 REGISTRATION FORM

Complete the registration & health forms and mail them with your payment to reserve your spot.

Camper's Name _____ Male ___ Female ___
DOB _____ Age _____ Camp Session _____ Date _____
Address: Street _____ Town _____ Prov _____ Postal Code _____
Phone: _____ Cell: _____ Email (Optional): _____
Cabin-mate Request: _____

PARENT/GUARDIAN INFORMATION

Contact 1 _____ Contact 2 _____
Phone: Home _____
Phone: Work _____
Relationship to Camper _____

Names of individuals with permission to pick your child up from camp other than parent or guardian.

1. _____ 2. _____

Full payment must accompany this Registration/Health form.

Acceptable forms of payments are cheques or money orders made out to **Camp McDougall**. Until May 31st send to our off season address—after June 1st, send to our summer address.

During summer: General Delivery, Thessalon, Ontario, P0R 1L0

Off Season Address: 200 McNabb Street, P.O. Box 22082, Sault Ste. Marie, Ontario, P6B 6H4

Upon receiving full payment, receipts and camper package will be sent out by regular mail.

Post-dated cheques dated no later than 2 weeks prior to a camp session will be accepted. There will be a \$25.00 charge on any NSF cheque.

Family Discount - If you have two or more children in your family registered - receive a 10% discount on camper fees.

Cancellation/Refund Policy: Upon notification to Camp McDougall;

- A \$25.00 administration fee will be charged on cancellations received 10 or more working days prior to the start of a camp.
- A \$50.00 administration fee will be charged on cancellations received from zero to 10 working days prior to the start of a camp.
- There will be no refunds once a session has started.
- The only accepted form of payment on registration day is cash, money order or certified cheque.
- In case of withdrawal during camp due to a physicians order, a \$50.00 administration fee will be withheld from refund. No refunds will be given for dismissals due to disciplinary action, late arrival or early departure.

How did you hear about us? Family Member(s) ___ Friend(s) ___ Newspaper Ads ___ Radio ___ Web Site ___
Road Side Sign ___ School ___ I'm a returning camper ___ Other (Please Specify) _____

Health Form follows >

CAMP MCDUGALL—CAMPER HEALTH FORM

For use by Camp Health Personnel to best care for your child

For office use only: CABIN # _____



CAMPER'S HEALTH INFORMATION

Camper's Name: _____ OHIP Health Card# _____

Doctor's Name: _____ Doctor's Phone #: _____

Health Ins. Co & No (if applicable) _____

Please check any health issues this camper has: ADD/ADHD Down Syndrome Epilepsy Asthma Motion Sickness Behaviour Bed Wetting
 Diabetes Heart Condition Homesickness Other: _____ Details: _____

Allergy Information:

Insects Yes or No Details: _____

Food Yes or No Details: _____

Penicillin Yes or No Details: _____

Other Yes or No Details: _____

Does your child have an **epi-pen** Yes or No if yes, your child must bring two to camp (one kept by camp, one kept on person. If your child's food allergies cannot be accommodated, you will be notified.

Dietary concerns: Camp accommodates medically-related dietary needs. Lifestyle dietary choices that require individual menu preparation cannot be accommodated.

Immunization History: Up to date? Yes or No Date of last **Tetanus Toxoid Booster:** _____

Can camper participate fully in the program? Yes or No If No, please explain on a separate sheet of paper.

Does the camper receive Resource/Special Education assistance in school? Yes or No

If yes, please describe: _____

List all medication being brought to camp:

Med Name:	Dosage:	Frequency/Times:
_____	_____	_____
_____	_____	_____
_____	_____	_____

All medications are to be kept by our staff, with the exception of inhalers which may be kept on a camper's person. For medications that are administered by injection, the camper must be able to self administer with supervision.

*******ALL MEDICATION MUST BE IN ORIGINAL PHARMACY CONTAINERS!!!!*******

Over-The-Counter Medication: Campers are discouraged from bringing over-the-counter medication (ie: Tylenol, Graval, cold meds).

Camp is well-stocked and Camp McDougall can administer these if needed.

Lice: Campers are checked for lice at the beginning of each camp session.

Campers must be lice/eggs/nits-free before he/she is allowed into the program.

CAMP MCDUGALL PROVIDES FIRST AID ONLY.

CONSENT TO TREATMENT:

- To the best of my knowledge, my child is in good health and has not been exposed to any serious and/or infectious disease, including lice, in the past four weeks. If he/she becomes exposed to any serious/infectious disease between now and the time of departure for camp, I understand that Camp must be notified.
- I authorize staff of Camp McDougall to provide medical attention to my child, if needed. I agree to accept financial responsibility for any medical expenses in excess of the benefits allowed by Provincial health and/or other insurance plans where:
 - The health and well-being of the camper is involved;
 - The medical advice has been such that further service is required, services that require the consent of the parents/guardians;
 - Where all attempts to contact the parents/guardians have failed, or where, due to the nature of the emergency, there is insufficient time to contact such parent/guardian, it shall be at the discretion of the Camp Director as to what steps are taken for the welfare and safety of the applicant.
- Thessalon Hospital is our primary emergency provider.
- In the case of surgical emergency and we are not available for consultation, I hereby give permission to the physician selected by the Camp Director or Designate to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child as named above.
- I hereby give permission for Camp McDougall's Health Personnel to administer over-the-counter medication in case of minor injury and/or illness during my child's stay at Camp. I also give permission for Camp Staff to provide Standard First Aid to my child as appropriate.
- I give permission for Epinephrine to be administered as ordered by a physician to my child in case of anaphylactic (serious allergic) reaction.
- I agree that all the information given on the form is complete and accurate.

I have read, understood, and accepted the consent to treatment as stated above. The information I have provided is true and accurate.

Parent/Guardian Signature: _____ Date: _____

SIGNATURE REQUIRED TO PROCESS REGISTRATION