



Camp AK-O-MAK Non Profit



2020

Kiddie Day Camp Emergency and Health Information Form

Camper's Name: _____ Age: _____

Date of Birth: Day: _____ Month: _____ Year: _____

Parent/Guardian: 1 Name: _____

Phone: _____ Cell: _____

Parent/Guardian: 2 Name: _____

Phone: _____ Cell: _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Relationship: _____

Phone: _____ Cell: _____

Alternate Name: _____ Relationship: _____

Phone: _____ Cell: _____

HEALTH INFORMATION:

Current Medication: _____ Dosage: _____

Health Card No.: _____ Version Code: _____

Drug Allergies: _____

Food Allergies: _____

Does your child have any emotional/developmental issues: (i.e. Hearing,/Speech/ Developmental Delay?)

Does your child require assistance with toileting?: Please specify _____

Business Office: 14-441 Stonehenge Dr., Ancaster, Ontario, Canada L9K 0B1, T: 416.427.3171, F: 905.304.2982

Email: Dianne@campakomak.com

Website: www.campakomak.com

Summer Address: 240 Akomak Rd, Ahmic Harbour, Ontario, Canada P0A 1A0, T: 705.387.3810, F: 705.387.0077