



Silver Lake Wesleyan Camp  
P.O. Box 38  
Maberly, ON K0H 2B0  
www.slwc.ca

## MEDICAL FORM

### CAMPER INFORMATION

Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
Province: \_\_\_\_\_  
  
Parent/Guardian  
  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-Mail \_\_\_\_\_

### Emergency Contact Information

Name & Relationship to Camper: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Family Physician Information

Name of Physician: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Medical Information

Provincial Health Card Number: \_\_\_\_\_

Please List any allergies (food, medication, environmental, ect.), medication required during camp, and/or any other physical, emotional, or medical conditions that the Camp Director and nurse need to be aware of: \_\_\_\_\_  
\_\_\_\_\_

Can Tylenol be administered Yes / No  
Can Aspirin be administered Yes / No  
Date of Last Tetanus \_\_\_\_\_

I hereby grant my permission for the child registered on this form to participate in camp activities including off site activities and to receive any required Medical attention

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_



**Please Complete Within Two Weeks of Camp Start Date and Submit On Registration Date**