

**St. Mary Coptic Orthodox Church**  
**Summer Camp 2019**  
**July 2 – August 23**

**Participant(s) Information**

1. Name: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

Date of Birth (D-M-Y): \_\_\_\_\_

Current Grade: \_\_\_\_\_

2. Name: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

Date of Birth (D-M-Y): \_\_\_\_\_

Current Grade: \_\_\_\_\_

3. Name: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

Date of Birth (D-M-Y): \_\_\_\_\_

Current Grade: \_\_\_\_\_

**Parent/Guardian Information**

**Mother**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Father**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Emergency Contact**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alt. Phone \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alt. Phone \_\_\_\_\_

**Authorized Drop-off and Pick-up**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alt. Phone \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alt. Phone \_\_\_\_\_

**Medical Information**

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Health Card No.: \_\_\_\_\_ Expiry: \_\_\_\_\_ Epipen? Yes No

Health Card No.: \_\_\_\_\_ Expiry: \_\_\_\_\_ Epipen? Yes No

Health Card No.: \_\_\_\_\_ Expiry: \_\_\_\_\_ Epipen? Yes No

Allergies (Please describe and specify severity):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Dietary Restrictions:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Ongoing Medical Concerns

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I/we give permission that in the event of illness or an accident occurring to my child/children, **Summer Program** staff will make every attempt to contact me and or/ other parent. If I/we hereby give **Summer Program** staff the authority to act on my/our behalf in case of an emergency and to take appropriate steps to seek medical attention/have a doctor attend to my /our child/children.

YES \_\_\_\_\_ NO \_\_\_\_\_