

Kids On Track ADVENTURE CAMP Registration Form– 1 per child

Child's Information:

CHILD'S FIRST Name: _____ CHILD'S LAST Name: _____
Male Female Birthday: MM/DD/YEAR Age at camp: _____ Grade Completed: _____
Will your child be attending any other camps this summer? Yes No Which ones? _____
Has the child attended Shiloh Ranch Before? Yes No If yes, when? _____
Has the camper ridden a horse before? Yes No Experience: Beginner Intermediate Expert
How is your child with swimming?
Yes, can swim with no life jacket Yes, can swim but needs life jacket Has fear of water
What, if any, level of swimming lessons has your child achieved? _____
We are interested in providing the most beneficial camp for your camper. In order to accomplish this, we would like to have as much information as possible. Please give the following your careful attention.
To your knowledge, please check off if your child has a history of any of the following. **Answering yes does not necessarily mean he or she cannot be involved with camp. It just gives us important information so we can create a successful environment for your child at camp.**
Homesick tendency Aggressive behaviour ADD/ADHD FASD ODD
Difficulty making friends Require adaptations in their school classroom (ie. Aide, individual program plan)
Other information you think we should have: _____

For safety and identification purposes, please provide a brief description of your child:

Ethnicity: _____ Hair Colour: _____
Eye Color: _____ Height: _____ Weight: _____
Distinguishing features: _____

ALL LEGAL Parent/Guardian Information:

First Name: _____ Last Name: _____ Relationship to child: _____ Phone: _____ Cell: _____ Alternate: _____ Street Address: _____ City: _____ Prov: _____ Postal Code: _____ E-mail: _____	First Name: _____ Last Name: _____ Relationship to child: _____ Phone: _____ Cell: _____ Alternate: _____ Street Address: _____ City: _____ Prov: _____ Postal Code: _____ E-mail: _____
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If parents do not reside together, who has legal custody of the child? (shared, sole custody, etc). Please detail.

Emergency Contact – must be different from parents/guardians listed above

First Name: _____ Last Name: _____
Relationship to child: _____
Phone: _____ Cell: _____
Work: _____ Alternate: _____

OFFICE USE ONLY

Consent signed: _____ (Staff initial) Additional children registered in KOT summer program: _____

Medical Information– Please fill in all that applies:

Alberta Health Care #: _____

Alberta Blue Cross #: _____

Alberta Child Health Benefit #: _____

Native Treaty Card #: _____

Other Insurance: _____

Family Doctor: _____ Phone: _____

If injured in a outdoor environment, there is a risk of Tetanus. All participants must have up to date Tetanus vaccine. Contact your community health unit to book this vaccine or to obtain your records.

Date of last Tetanus shot: _____

If camper is female, has she started menstruation? Yes No

*Please note: It is up to the camper to bring her own sanitary menstruation supplies for the trip.

Does your child have a history of (check all that apply):

Bladder infections Heart problems Ear Infections Bed wetting*

Asthma Eating disorders Other

**Please note: If your child experiences bed wetting, you will be responsible for packing “pull ups” for your child. We will call them with any other children receiving medications and give them to your child in a private setting.

If you answered “yes” to any of the above, please elaborate:

Has your child had a recent illness, injury, operation, or been exposed to a communicable disease? Yes No

If you answered “yes” to the above, please elaborate:

Does your child have any allergies (Check all that apply):

Food allergies/sensitivities Insect/animal allergies Drug allergies Environmental allergies

If you answered “yes” to any of the above, please elaborate and rate the symptoms:

Mild Moderate Severe (life threatening)

If your child is allergic and/or asthmatic, please ensure the child is on preventative medication before attending the trip. This is extremely important and reduces the chance of your child becoming sick on the trip. If your child has an epi-pen or inhaler, please send it with them.

Can your child self-medicate inhalers as needed? Yes No Initials: _____

Medical Information Continued – Please fill in all that applies:

Does your child have any special activity restrictions? Yes No

If you answered “yes” to the above, please elaborate:

Medications:

May the following non-prescription medications be used for the treatment of minor ailments your child may experience while at camp?

Tylenol/Acetaminophen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials: _____
Advil/Ibuprofen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials: _____
Gravol/Nausea Medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials: _____
Benadryl/Antihistamine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials: _____
Calamine/Caladryl Lotion	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials: _____
Cough Syrup	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials: _____
Decongestant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials: _____
Cough Lozenge	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials: _____
Polysporin Cream	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials: _____
Burn Ointment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials: _____

Please list all prescribed medications that your child will be bringing to the camp. Include name, dose, and times given. Do not provide any of the non-prescription medications listed above as we will have these on hand. **All prescription medications must be individually bubble packaged with complete labeling (name, drug, dose) and attach a pharmacist’s information sheet, available from any pharmacist.**

Medication Name	Dose	Times to be given (AM, PM, Bedtime, PRN)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please **do not** pack the medications in your child’s luggage. Please check in all medications (prescription **and** non-prescription) with the staff. If a child is found with any unregistered medication, it will be confiscated. The only medication allowed on their person is asthma inhalers and epi-pens.

Lice Policy: There is a zero lice policy. We will have a lice check station at camp check in. Any child with lice will not be allowed to attend camp. If lice is found once they are at camp, they will be sent home for treatment. Please check your child’s head ahead of time as we want all campers to have the opportunity to go to camp. Alberta Health Services has great resources if you have any lice questions or need information on how to treat lice.