



Hello!

Thank you for signing your camper(s) up for Camp Aliquam! Each day campers will be participating in a range of exciting and zany activities; some of these include taking twists on conventional games, circle time, singing songs, large group games, crafts and even swimming (depending on facility availability)! Campers ages 4-5 will NOT be swimming but rather playing water games and even taking a weekly trip to the splash pad (weather dependent).

Camp Aliquam offers campers the ability to experience what summer is all about by offering many different and exciting camps! Full descriptions can be found in the 2018 Spring and Summer Activity Guide. "Aliquam" is Latin for orange and remember... nothing rhymes with ORANGE!

Before you send your camper to camp, we will require a little bit of information. Attached in this package you will find all of the necessary forms and information to bring on the first day of camp. In this package, you will find the following:

**Camper Information Form:**

This form provides Camp staff with all of the information they will need to know about your camper(s). This form outlines who is able to pick up your camper(s). Please ensure both sides completed and those picking campers up remember to bring Photo ID every day. One copy of this form is required per week of camp.

If there is any information you would like us to know about your child that is not captured in our Camper Information Form, please feel free to contact the Camp Coordinators (contact info below).

(519)-940-9092 ex 4129 / 4130

We look forward to a Marvelous Summer,

Sincerely,

~Aliquam Camp Crew



Alder Street Lions Sports Park Tony Rose Island Lake

\*One copy of this form is required per camp

**Camper Information Form****A. Participant Information**

Name	Date of Birth	Attach Photo Here (as required)
Phone #		
Guardian's Name		
Guardians Phone #		

**B. Emergency Contact Information\****\*In addition to Guardian listed above*

Name	Phone #
Relationship	Do they have permission to pick up? YES / NO

**C. Medication Information**

Allergies & Medical Condition(s)
Behaviour Concerns

- Does your child/dependent require an auto-injector? YES / NO *If 'Yes', how many will be available at camp?* 1 2
- Does your child/dependent require an asthma inhaler? YES / NO *If 'Yes', how many will be available at camp?* 1 2
- Does your child/dependent require medication to be administered by staff? YES / NO *If 'Yes', please complete the back of this form*

Under what circumstances will emergency medication be administered? \_\_\_\_\_

**D. Additional Designated Pick-Up Information\****\*All persons picking up a child from camp must show Identification daily*

1.	Name	Relationship	Phone #
2.	Name	Relationship	Phone #
3.	Name	Relationship	Phone #

**E. Top Three things you would like us to know about your child\*...***\*Interests, hobbies, fears, etc.*

1.	
2.	
3.	

I, the undersigned, hereby:

- Certify that the information above is accurate and complete.
- Authorize Town of Orangeville staff to administer emergency medication(s) to my child/dependent applicable to the circumstances identified above.

\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Date

Personal information is being collected pursuant to section 8 of the Municipal Act, 2001 and will be used to assess registration for the Town of Orangeville camps. If you have any questions about this collection, please call 519-940-9092.

# Medication Administration Form

## A. Administration Information

Participant's Name	Location
Camp Name	Week Of

Name of Medication(s)	Time Medication is to be Administered	Amount/Dosage to be Administered	Storage Requirements

**Medication Name\***

*\*to be completed by Camp Staff*

		Medication Name*			
<b>Monday</b>	Time				
	Dosage				
	Admin. By (Name & Signature)				
	Witness By (Name & Signature)				
<b>Tuesday</b>	Time				
	Dosage				
	Admin. By (Name & Signature)				
	Witness By (Name & Signature)				
<b>Wednesday</b>	Time				
	Dosage				
	Admin. By (Name & Signature)				
	Witness By (Name & Signature)				
<b>Thursday</b>	Time				
	Dosage				
	Admin. By (Name & Signature)				
	Witness By (Name & Signature)				
<b>Friday</b>	Time				
	Dosage				
	Admin. By (Name & Signature)				
	Witness By (Name & Signature)				

I, the undersigned, hereby:

- Certify that the information above is accurate and complete.
- Authorize Town of Orangeville staff to administer the above mentioned medication(s) to my child/dependent applicable to the timeframes and dosages identified.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

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