



MEDICAL INFORMATION & MEDICATION RELEASE FORM

We ask that you complete the portion below completely and carefully.

PARTICIPANT INFORMATION

Legal First Name: _____ Legal Last Name: _____
Gender: ___ Male ___ Female Date of Birth (mm/dd/yy): ___/___/___ Age: ___ Height: ___ Weight: ___
Doctor's Name: _____ Phone #: _____
Health Card #: _____

1. Does your child have any special needs or serious fears? Yes__ No__
If yes, please list: _____

2. Does your child have any food allergies or special diet? Yes__ No__
If yes, please list: _____

3. Does your child have any medical conditions, including allergies? Yes__ No__
If yes, please list: _____

4. Does your child have any allergies or sensitivity to sunscreen? Yes__ No__
If yes, please list: _____

5. Does your child require any medication? Yes__ No__
If yes, please list: _____

6. If needed, as the parent/guardian I give permission for Ice Dreams Skating Academy staff to apply:
 - a. Sunscreen SPF 30 (or higher) Yes__ No__
 - b. Insect Repellent Spray Yes__ No__

Additional Information about your child: _____

In the event that my child _____ is injured, ill or in need of medical attention, I authorize Ice Dreams Skating Academy / 1856380 Ontario Inc. staff to seek medical attention and/or admit my child to hospital if I or my Emergency Contacts are unable to be contacted or are otherwise unable to respond.

I, _____ (parent/guardian) give permission for the Day Camp staff at Ice Dreams Skating Academy / 1856380 Ontario Inc. to aid my child, _____ in administering the below listed medication(s) in an emergency situation. No other medication, except that which is listed below, shall be administered without my direct consent, except by trained medical staff.

1. Allergy/Condition: _____
Medication: _____ Dosage: _____
When to Administer: _____ How to Administer: _____
Additional Comments: _____

2. Allergy/Condition: _____
Medication: _____ Dosage: _____
When to Administer: _____ How to Administer: _____
Additional Comments: _____

By signing below, I acknowledge that all the information above is filled out correctly, truthfully and to the best of my knowledge.

Child's Name: _____ Age: _____
Camp Name: _____ Camp Week: _____

Signature of parent/guardian: _____ Date: _____
Name of parent/guardian: _____ Date: _____

Witness: _____ Date: _____