

# PRESCHOOL CAMP



**\*\* One form per child \*\***

**Camper Name:** \_\_\_\_\_

**Mother/or Guardian**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Work #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 e-mail: \_\_\_\_\_

**Father/or Guardian**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Work #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 e-mail: \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
 (other than above)

## Prescription Medications & Allergies

**\*\* ALL MEDICATION MUST BE IN ORIGINAL CONTAINER \*\***

As the parent/guardian I give permission for the City of Red Deer staff to administer the following:

Prescription Medication	Dosage	Consumption time	STAFF USE ONLY			
			Prescription Medication	Date	Time Given	Staff Initial
<b>Allergies</b>						
<b>Symptoms</b>						

**Signature** (only if granting consent as noted above): \_\_\_\_\_

## Sunscreen, Bug Spray & Face Paint

As the parent/guardian I give permission for the City of Red Deer staff to apply:

Sunscreen SPF 30 or higher: Yes \_\_\_ No \_\_\_  
 Kids Spray insect repellent: Yes \_\_\_ No \_\_\_  
 Snazaroo Face Paint: Yes \_\_\_ No \_\_\_

**Signature:** \_\_\_\_\_

As HIGH FIVE® trained leaders, we endeavor to be caring adults and to ensure that your child has an enjoyable experience in our camp. Please provide us with any additional information that might assist us in giving your child the support or extra attention they might require.

The personal information collected through this Preschool Camp form is for the purpose of registration and administration of recreational programs. This collection is authorized by section 4(c) of the Protection of Privacy Act and section 3 of the Municipal Government Act. For questions about this collection of personal information, please contact the Safe & Healthy Communities manager at the City of red Deer, (403) 342-8100