

**The Arbutus Club  
 Medical/Consent Form –  
 Spring, Summer and Winter Camps 2016 and 2017**



**Participants Information**

First Name:		Birth Date:	
Last Name:		Age:	

**Person's Responsible Information**

First Name:		Primary Phone #:	
Last Name:		Alternative Phone #:	
Secondary Contact Person:		Secondary Contact Phone #:	

**Medical Information**

Doctor's Name:		Doctor's Phone #:	
Care Card Number:			
Allergies or Asthma:			
Medical Conditions:			
Additional Notes:			

When on a field trip, if we cannot contact parents and we need to get immediate help for the child our procedures is to take the child to the nearest emergency service. Please sign the consent below so that we can take appropriate action on behalf of your child. Return this form to The Arbutus Club on or before the start of the Camp, as Arbutus Club Staff will use this consent in case of emergency.

I hereby give consent for my child, when ill, to be taken to the nearest Emergency Centre by Arbutus Club Staff when I cannot be contacted.	X _____
I hereby give consent for my child to receive medical treatment.	X _____

I, \_\_\_\_\_ (parent/guardian) give permission for my child to participate in THE ARBUTUS CLUB SUMMER CAMPS and to leave The Arbutus Club property in any planned out-trips.

X \_\_\_\_\_ (Date)

(Signature of Parent or Guardian)