

**COMMUNITY CENTRE  
CHILD MEDICAL INFORMATION FORM**

DATE: \_\_\_\_\_

<b>Full Name</b>	<b>Birth date: (yyyy/mm/dd)</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Age at Program</b>
<b>Address</b>	<b>Home Phone #</b>	<b>Health Card Number (Must be provided)</b>	
<b>City/Province:</b>	<b>Postal Code:</b>	<b>In Town Contact Info. (if applicable)</b>	
<b>Legal Custody:</b> <input type="checkbox"/> Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			
<b>Emergency Contact Person</b>	<b>Phone#</b> ( )	<b>Relationship</b>	
<b>Father's Name</b>	<b>Home Phone#</b> ( )	<b>Business \ Cell Phone #</b>	
<b>Mother's Name</b>	<b>Home Phone#</b> ( )	<b>Business \ Cell Phone #</b>	
<b>Doctor's Name &amp; Phone #</b>			

**Advice about habits, physical or emotional needs:**

We want all of our campers to have a positive experience.

Please include any details which apply to the below sections. The more information you are able to provide, the better we are able to meet the specific needs of your child. For any specific problems of a confidential nature, please include a separate letter to the Recreation Coordinator marked "Confidential".

**Does your child require additional assistance due to special needs?**  No  Yes  
**Do you require consultation with the coordinator regarding your child's participation.**  
 No  Yes

**Please provide more details:** \_\_\_\_\_

<p><b>Social</b>  <b>Does your child easily make friends with:</b>  <input type="checkbox"/> own age <input type="checkbox"/> younger <input type="checkbox"/> older <input type="checkbox"/> adults  <b>Is your child:</b>  <input type="checkbox"/> eager to attend <input type="checkbox"/> urged by parent to attend</p>	<p><b>Eating Habits</b>  <input type="checkbox"/> vegetarian <input type="checkbox"/> fussy <input type="checkbox"/> vegan  <input type="checkbox"/> food allergy <input type="checkbox"/> dietary restrictions  <b>food allergy and/or restrictions:</b>          _____</p>
<p><b>Medical</b>  <b>Does your child require special medical attention?</b>  <input type="checkbox"/> asthma <input type="checkbox"/> allergies <input type="checkbox"/> other: _____  <b>**If your child has a SEVERE ALLERGY, please ask for the Anaphylaxis Data Sheet and Action Plan</b></p>	<p><b>Family</b>  <b>In the past year have there been any changes in the family relationships?</b>  <input type="checkbox"/> birth <input type="checkbox"/> marriage <input type="checkbox"/> death <input type="checkbox"/> separation  <input type="checkbox"/> divorce <input type="checkbox"/> none</p>

I certify that this document is true and accurate and I agree to advise the Penticton Recreation Department, in writing, of any change in the medical condition of this child/person. I understand that unless the Penticton Recreation Department hears from me otherwise, they will assume that all medical information is unchanged from the date of this agreement.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date