

Parental Consent Form

For 12 - 17 Year Olds Attending Without Parents

Name of Camper: _____

Age: _____ Birthdate: ____ / ____ / ____ Sex: M _____ F _____
DD MM YY

Health Care Number: _____ Province: _____

Name(s) of Parent(s) or Legal Guardian(s): (Please print names of all parents/guardians)

Name(s)	Address	Office Phone	Home Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Doctor's Name: _____ Phone: _____

If the camper has any weakness or disability requiring special attention, please describe:
(including medication – please send enough for all of camp)

Is there are any activities in which the camper should not participate in, please describe:

Minor medical attention is provided by SPPC, at no charge. More serious attention (e.g. Hospital or doctor services) will be charged to the camper's parent(s)/legal guardian(s). If the camper is covered by medical or accident insurance, please provide the information below:

Company Name: _____ Phone: _____

Insurance Type: _____ Policy #: _____

The signature of the camper's Parent/Guardian (see below) certifies his/her consent to:

1. Any special services, medical or otherwise, which SPPC may need to arrange in the best interest of the camper (and to pay for such services).
2. Discipline of the camper, as necessary.
3. Do not hold SPPC responsible for injuries happening at camp or during camp activities.

Signature of Parent/ Guardian: _____ Relationship _____

Date of Signature: _____