



# UKRAINIAN YOUTH ASSOCIATION

## CAMP WESELKA

Place child's picture here

Причипіть знімку  
дитини тут

### B. CAMPER MEDICAL INFORMATION

- Name: \_\_\_\_\_  Male  Female
- Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_
- Health Card # (OHIP): \_\_\_\_\_
- Immunizations (give dates): DPT: \_\_\_\_\_ Measles/Mumps/Rubella (MMR): \_\_\_\_\_
- Please check (✓) if the child has had the following:  
 German Measles       Chickenpox       Mumps
- Previous illnesses / operations:  
\_\_\_\_\_
- Allergies (bee/wasp stings, medication, food etc.)  
\_\_\_\_\_
- Does the child require immediate medical attention for items listed in (7) above.  
[If yes please ensure medication is left with camp nurse]  
\_\_\_\_\_
- Additional Information: Has your child any physical weakness or disability that requires medical or other attention? (i.e. asthma, seizures, diabetes, heart conditions, or other? Please describe:  
\_\_\_\_\_  
\_\_\_\_\_
- Emergency Contact:  
Name: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_
- Family Physician:  
Name: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_

**C. PERMISSION FOR EMERGENCY TREATMENT:**

1. The signature of the parent or guardian shall give the UKRAINIAN YOUTH ASSOCIATION (hereinafter called "UYA") and its Directors, Officers, helpers the right to arrange for any special services or other requirements necessary, in the best interest of your child and shall give the UYA the permission to obtain or approve medical interventions necessary for your child's welfare and good health and the parent or guardian hereby agrees to pay for all such services as may be required as indicated above.

2. While every precaution shall be taken to ensure the safety and protection of your child, the UYA, its Directors, Officers, Staff Members, Employees, Volunteers and all facilities used by the UYA to deliver its programs, are hereby released from all and any liability, in the event of any accident or misfortune that may occur to your child.

3. In signing this form, the parent or guardian certifies that the above correctly portrays your child's medical profile and habits, and is amenable to necessary discipline if required.

4. It is understood that should your child in any way endanger the safety and/or well being of another individual or continually disrupt activities while attending a UYA Camp, said child will be immediately suspended from further participation in the camp program and parents will be required to take him/her home. Fees paid will not be reimbursed.

**Parents Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**D. PERMISSION FOR FIELD TRIPS:**

I hereby give permission for \_\_\_\_\_ to participate in field trips planned during camp Weselka, Acton Ontario and/or Hiking Camp.

**Parents Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**E. LIABILITY**

I, the undersigned parent, assume full responsibility for payment of all camp fees and medical expenses not covered by insurance

I understand that I am liable for all costs related to, but not limited to damages caused by my child or children, or for additional costs incurred by the UYA as a result of my child's or children's actions, be they intentional or unintentional (telephone, broken windows, kiosk, etc.)

Furthermore, my child has been made aware of rules and regulations as found in this handbook, and has agreed to abide by them.

**Parents Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The above noted signatures certify acceptance of all conditions contained hereon.**