STRATHCONA COUNTY

# Camps and Programs – Participant Information

Recreation, Parks & Culture, 2025 Oak Street, Sherwood Park, AB **Phone** 780-467-2211

**Contact Information:**

Program Name: ______________________________ Program Date: ______________________

Participant's Name: ______________________________________________ Age: ________

Parent/Guardian Contact Name and Number: ____________________________________________

Secondary Parent/Guardian Contact Name and Number: _______________________________________

Emergency Contact #1 Name and Number: ______________________________________________

Emergency Contact #2: Name and Number: _____________________________________________

**Participant Pick-up Information:**

Please list any additional contacts authorized to pick up the participant during the program, aside from the parent/guardian or previously mentioned emergency contacts.

| Last Name | First Name | Relationship to Participant | Phone Number |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Is the Participant permitted to leave the Program on their own? ☐ No ☐ Yes

Comments ________________________________________________________________

**Medical Information:**

Does the participant have any allergies? ☐ No ☐ Yes

If **yes**, identify the reaction and the form of treatment approved by the Participant's parent(s) / guardian(s), if required:

______________________________________________________________________

______________________________________________________________________

Does the Participant carry an epi-pen? ☐ No ☐ Yes

***If yes, please click here to complete the EpiPen form or visit strathcona.ca/registration.***

Will the Participant be required to consume medication during the Program? ☐ No ☐ Yes

If **yes**, identify the type of medication, the times, and dosages that are required.

______________________________________________________________________

______________________________________________________________________

***PLEASE NOTE: Medications must be clearly labeled with instructions as to the dosage and when they must be taken. Please supply only enough for the time or days of the program. The County will inform the Participant when the label indicates that medication is to be taken. Please note that leaders/instructors or other personnel are not permitted to administer medications.***

**Other:**

To help us better understand your child, please provide any additional details that can support our staff in fostering your child's success.

______________________________________________________________________

______________________________________________________________________

By typing my signature, I confirm that the information provided in this Participant Information form is true, to the best of my knowledge.

Name: ____________________________ Signature: ______________________________

Personal information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to manage and administer Strathcona County Camps and Programs. If you have questions regarding the collection, use or disclosure of this information contact Recreation, Parks and Culture Administration office at 780-467-2211.