



Boundless  
Vancouver

# Boundless Fun Camp

## Health and Consent Form

Your children's health and safety is of our utmost importance. Please fill out information regarding your child's health history, allergies, medical needs and dietary restrictions.

# Health and Consent Form

## Camper Information

Child's Name: \_\_\_\_\_

## Parent or Guardian Information

Parent or Guardian Name: \_\_\_\_\_

## Child Health History

Any allergies we should know? Please list the reaction and a brief description of the allergies.

Any dietary restrictions we should know?

Any health or medical concerns we should know?

Does your child regularly take any medication that will not be taken at camp?

Has your child ever experienced any of the following? (Please check the appropriate boxes)

- ☐ Asthma
- ☐ Diabetes
- ☐ Others: \_\_\_\_\_
- ☐ Any special assistance required at camp? (If yes, please explain what assistance is required)
- Any comments/notes:

Anything else you would like us to know about regarding your child's health?

## Health Insurance and Doctor Information

Family Doctor and Phone Number: \_\_\_\_\_

Health Care Number: \_\_\_\_\_

Province and Expiry Date of Health Card: \_\_\_\_\_

## Medical Waiver

If my child has a medical emergency, I permit the Camp Coordinators to refer my child to a hospital or medical center for treatment and to transport my child to the medical facility. By writing your name you confirm you have read the medical waiver, that you understand it, and that you agree to be bound by it.

Please sign your full name: \_\_\_\_\_

## Cancellation and Refund Policy

Thinking about canceling? Please let us know 2 weeks in advance of your registered week to receive a partial refund of \$25 less than the week's registration fee you paid for. Unable to cancel 2 weeks in advance? Not to worry, you will still receive a 50% refund up until the start of the week you registered for. (Please check one)

- ☐ I agree  
☐ I do not agree  
☐ Other: \_\_\_\_\_

## Photo Release

I give permission for The Salvation Army—Boundless Vancouver to take photographs, video and audio recordings of my child during his/her Camp Session and to use them for marketing, public relations and promotional purposes. (Please check one)

- ☐ I agree  
☐ I do not agree  
☐ Other: \_\_\_\_\_

## Acknowledgment

By signing below, I confirm that I am the parent/guardian of the camper(s). I have full authority to make the following representations:

- I agree that the Camp Coordinators may dismiss any camper when it is deemed to be in the best interest of the camper or camp.
- Camp officials have the authority to act on my behalf in the event of an emergency and/or special medical treatment. In such a situation, I understand that the Camp Coordinator will attempt to notify the parent(s)/guardian(s) or other emergency contacts noted in this application as soon as possible.
- I will pay for all costs associated with any necessary prescription drugs and /or special medical treatment (including ambulance costs).
- I will notify Boundless Fun Camp if my child is exposed to infectious diseases during the three weeks prior to arriving at camp and/or in the event that any of the information contained in this application should change.

I hereby release The Salvation Army—Boundless Vancouver and all organizations and persons associated with it from any and all claims relating to any loss, injury or damage sustained by my child and/or his/her property.

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_