

Oakville Soccer Club

Camper Emergency Contact & Medical Form



Please ensure that all fields of this form are completed. If a particular section does not pertain to you, please indicate N/A for not applicable. Two emergency contacts must be submitted for each camper. Campers will not be registered in the selected program until this form is completed.

Camper First & Last Name: _____

Primary Emergency Contact (must be reachable during camp hours):

Full Name: _____ Relationship to Camper: _____

Primary Phone: _____ Secondary Phone: _____

Secondary Emergency Contact:

Full Name: _____ Relationship to Camper: _____

Primary Phone: _____ Secondary Phone: _____

Authorized Pick Up

1. Name: _____ Relationship to Camper: _____

2. Name: _____ Relationship to Camper: _____

3. Name: _____ Relationship to Camper: _____

Permission to walk home from camp: Yes No

Medical Information

Camper Age: _____ Health Card Number: _____ Expiry Date: _____

Family Doctor: _____ Phone: _____

Allergies (including food sensitivities):

Epi-Pen: Yes No (if yes, please complete Epi Pen & Medication Administration Form)

Medical/Behavioural Conditions (including medications camper is currently taking – prescribed & over the counter. If medication is to be administered at camp, please complete the Epi Pen & Medication Administration Form)

If at anytime emergency medical treatment is necessary for my child, I give consent for treatment to be given. I hereby agree to release and indemnify the Oakville Soccer Club, its officers, instructors, volunteers and members from any actions, claims, loss or injury that may occur.

Parent/Guardian Name: _____ Date: _____

*typing your name in the above field acts as a digital signature.