## **ONTARIO SCIENCE CENTRE DAY CAMPS**

#### MEDICAL AND CAMPER SUPPORT FORM

If you have registered a Camper (or Campers) with special support requirements, please complete this form to tell us about their specific needs. Note that to protect the privacy of its Campers, the Science Centre does not keep medical information on file.

Registering Parent
(Parent's first and last name)
Confirmation Number
Camper 1Child's first and last name)
Describe any medical conditions, allergies, dietary needs and/or medications this Camper will be bringing.
Describe any special needs (physical/learning disabilities, behavioural concerns, etc.) and useful strategies for supporting the Camper with these needs.
Please provide any other relevant information regarding the Camper's need for support, including health conditions not listed above, recent surgery, illness or injuries that may impact their Camp experience.

This information is collected under the authority of the Centennial Centre of Science and Technology Act, for registration purposes. If you have any questions about this collection, please contact: Manager, Recreational and Family Learning Experiences, Ontario Science Centre, 770 Don Mills Road, Toronto, ON, M3C 1T3 (Phone: 416-696-3256)



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### **MEDICAL AND CAMPER SUPPORT FORM**

Camper 2	Camp Date(s):
(Child's first and last name)	
Describe any medical conditions, c	allergies, dietary needs and/or medications this Camper will be bringing.
Describe any special needs (physic for supporting the Camper with the	cal/learning disabilities, behavioural concerns, etc.) and useful strategies ese needs.
•	information regarding the Camper's need for support, including health t surgery, illness or injuries that may impact their Camp experience.
To protect the privacy of your Cammailed or delivered to:	nper(s), please do not submit this form digitally. A hard copy can be

#### **SEND FORM**

By Mail: Recreational Programs
Ontario Science Centre
770 Don Mills Rd.
Toronto, ON
M3C 1T3

Attn: Camps

