

ONTARIO SCIENCE CENTRE DAY CAMPS

MEDICAL / SPECIAL NEEDS FORM

Please submit this form for all campers listed on your confirmation, where applicable. If they have no medical/ special needs, you do not need to submit this form. To protect your camper's privacy, medical information is not kept on file.

Registering Parent _____
(Parent's first and last name)

Confirmation Number _____

Camper 1 _____ **Camp Date(s):** _____
(Child's first and last name)

Describe any medical conditions, allergies, dietary needs and / or medications your camper will be bringing.

Describe any special needs (physical / learning disabilities, behavioural concerns, etc.) and useful strategies.

Please describe other relevant medical information including health conditions not listed above, recent operations, illness or injuries any of the above campers has had 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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Camper 2 _____ **Camp Date(s):** _____
(Child's first and last name)

Describe any medical conditions, allergies, dietary needs and / or medications your camper will be bringing.

Describe any special needs (physical / learning disabilities, behavioural concerns, etc.) and useful strategies.

Please describe other relevant medical information including health conditions not listed above, recent operations, illness or injuries any of the above campers has had that may impact their Camp experience:

To protect your personal health information and privacy, medical and health information must be submitted to the Science Centre as paper – mailed, faxed or submitted by hand.

SEND FORM

By Fax: 416-696-3139

By Mail: Recreational Programs

Ontario Science Centre

770 Don Mills Rd.

Toronto, ON

M3C 1T3

Attn: Camps