



Creative Explorers Learning Center

Summer Camp 2024 Medical Information Form 2024

TO BE COMPLETED BY PARENT OR GUARDIAN AND RETURNED WITH THE REGISTRATION FORM

_____		_____		_____	
Doctor's Name		Address or Clinic name		Area code and Phone Number	
_____		_____		_____	
Child's Name	Sask. Health Number	Child's Name	Sask. Health Number		
_____		_____		_____	
Child's Name	Sask. Health Number	Child's Name	Sask. Health Number		

EMERGENCY CONTACTS: (other than parents or guardians)

_____		_____		_____		_____			
Name(s) & Relationship		Phone Number		Home (incl Area Code)		Work (incl Area Code)		Cell (incl Area Code)	
_____		_____		_____		_____		_____	
Name(s) & Relationship		Phone Number		Home (incl Area Code)		Work (incl Area Code)		Cell (incl Area Code)	

PERTIENT INFORMATION:

Please add any further pertinent information you feel we should know as your child(ren)'s Camp staff.

Please list any allergies (food, insects, medication). & their treatments.

Please comment on any other medical information or special need the preschool should be aware of

Creative Explorers have the authority to call physician or ambulance for your child if necessary (ambulance fees/and or health care cost are the responsibility of the parent/guardian) _____

Signature of Parent or Guardian (a types name is your signature if submitted online)

Date