



Creative Explorers Learning Center

Summer Camp 2025 Medical Information Form 2025

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