Creative Explorers Learning Center

Summer Camp 2026

Medical Information Form 2026

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 pertient 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