

# FORT EDMONTON PARK DAY CAMPS CAMPER INFORMATION FORMS



Name of Camper: \_\_\_\_\_

Name of Camp: \_\_\_\_\_

Dates of Camp: \_\_\_\_\_

## Emergency Contacts

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

## Alternate Emergency Contacts (Other than Parent/Guardian)

Contact Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Pick-Up Authorization

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*If camper is over 13 years old, permission can be granted for independent sign-out. Please contact Education Coordinator, Natalie Zacharewski (780) 496-8782 or [natalie.zacharewski@edmonton.ca](mailto:natalie.zacharewski@edmonton.ca) for access to permission form

## Medical Information

Medical Concerns (Allergies, Medical Conditions etc.)

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Behavioural Concerns

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\*Medication and Epi-Pen Information to be filled out separately and only if required

## **Freedom of Information and Protection of Privacy (FOIP) Disclaimer**

A photograph is deemed a record of information under the Freedom of Information and Protection of Privacy Act (FOIP). This information/photograph is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act, and will be used for the purpose described above with your consent. Your personal information is protected from unauthorized access, use and disclosure through the privacy provisions of FOIP. If you have any questions about the collection, contact: [Thelma Scammell, 496-8216](mailto:Thelma.Scammell@cityofedmonton.ca), Communications, City of Edmonton, and Community Services.

## **Class Photo Consent**

I **do / do not** *(please circle one)* give consent for \_\_\_\_\_ *(name of camper)* to be included in the "class photo" for this camp. I understand that this photo will not be used for media or any purposes other than private distribution to attendees of this camp in a 'class photo' type of format.

Name of Parent/ Guardian: *(please print)* \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## **Media Consent**

We are seeking your permission for your image to be taken and used as a visual that may be incorporated into publications, advertisements, audio-visual presentations and/or web pages, produced for the purpose of public information and promotion of City of Edmonton programs and services.

We are also seeking your permission for your image to be taken by professional media representatives for the purpose of news and event coverage. Media representatives will be approved by City of Edmonton management and will provide news outlet credentials.

I **do / do not** *(please circle one)* give the City of Edmonton/Fort Edmonton Park permission to take and use my/my camper's image for inclusion in public information and promotional materials produced.

I **do / do not** *(please circle one)* give my permission for my/my camper's image to be taken by professional media representatives to be published as news and event coverage.

Name of Parent/ Guardian: *(please print)* \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_

Date: \_\_\_\_\_