

**2014 ANNUAL GENERAL ASSEMBLY – AKISQNUK FIRST NATION  
 KTUNAXA NATION COUNCIL  
 DAYCAMP/DAYCARE HEALTH FORM  
 JULY 16 & 17, 2014**

PRINT CHILD’S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BC CARE # \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: 1) \_\_\_\_\_ 2) \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE # \_\_\_\_\_

ALLERGIES: [ ] YES [ ] NO Please list: \_\_\_\_\_  
 (Medications bee stings, foods, etc.)

IDENTIFY ANY MEDICATIONS YOUR CHILD WILL BE TAKING ALONG WITH THE DIRECTIONS FOR USAGE:

\_\_\_\_\_

\_\_\_\_\_

PLEASE IDENTIFY ANY SPECIAL REQUIREMENTS FOR YOUR CHILD: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YOUR CHILD WILL BE REQUIRED TO BRING THE FOLLOWING SUPPLIES FOR DAYCAMP ACTIVITIES:

- ❖ SUNSCREEN HAT & SUNGLASSES (IF POSSIBLE)
- ❖ BATHING SUIT & TOWEL (IF NEEDED) LIFE JACKET (IF NEEDED)

**PLEASE LABEL ALL ITEMS WITH THE CHILD’S NAME! THE DAYCAMP ORGANIZERS WILL NOT BE RESPONSIBLE FOR LOST OR STOLEN ITEMS!**

**THIS FORM MUST BE COMPLETED IN FULL AND SUBMITTED TO THE DAYCARE/ DAYCAMP COORDINATOR’S UPON YOUR CHILD’S ARRIVAL. (CAN ALSO BE SENT IN WITH REGISTRATION)**

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_

DATE

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**RELEASE AND WAIVER:**

As the parent or legal guardian of the above child, who is a minor child under the age of eighteen (18) (hereinafter “my Child”), and in exchange for the benefits to be derived by my Child’s participation in this camp, sponsored by Ktunaxa Nation Council, I hereby grant my permission for my Child to participate in AGA daycare/daycamp and I am fully aware of any risks associated with camp activities.

On behalf of myself and my Child, I VOLUNTARILY ASSUME ALL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY that may be sustained by my Child, or any loss or damage to property owned by myself or my Child, as a result of my child being engaged in the camp.

Parent (Guardian) signature: \_\_\_\_\_