



**City of London
Parks and Recreation / Neighbourhood and Children's Services**

**LEADER IN TRAINING
PARTICIPANT INFORMATION FORM**

Instructions: Please complete this form for your *LEADER IN TRAINING* and **bring it with you on the first day of the program**. The personal information collected on this form is collected under the authority of the Municipal Act and will be used to administer the summer recreation program that your child is enrolled in. Questions about this collection should be addressed to the Manager of Area Services, Parks and Recreation 151 Dundas Street N6A 4L6, or by calling 519-661-5913 (West area) or 519-661-2362 (East area).

LEADER In TRAINING Participant Information:		PLEASE PRINT WHEN COMPLETING THIS FORM	
Surname:		First Name:	
		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Date of Birth: ____/____/____ (Day/Month/Year)		Age:	
		Home Phone:	
Address: _____ Apt. # Street # Street Name			
City:		Postal Code:	
Health Card No.		Version Code:	
Other Health Insurance:			
Parent/Guardian #1 Name:		Home Phone:	
Address (if different from above):			
Work/Cell Phone:		Email Address:	
Parent/Guardian #2 Name:		Home Phone:	
Address (if different from above):			
Work/Cell Phone:		Email Address:	
Emergency Contacts: <i>These will be the people who will be called if a parent/guardian cannot be reached in an emergency situation. These MUST be different contacts than Parent/Guardians. Under normal circumstances Leaders In Training will be permitted to leave program premises on their own for lunch and are free to leave on their own at the end of the program. If do not want your child leaving the program at any time unaccompanied by an approved adult, or you would like staff to monitor your child's pick-up at the end of each class, please attach written direction and hand it directly to staff.</i>			
Contact #1 Name:		Relationship:	
Address:			
Home Phone:		Work/Cell Phone:	
Contact #2 Name:		Relationship:	
Address:			
Home Phone:		Work/Cell Phone:	
Contact #1 Signature:		Contact #2 Signature:	
I give permission for my child to be photographed for promotional purposes (e.g. Spectrum, City of London website) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sun Screen: The City of London recommends regular application of sun screen for all LIT participants. Please provide a clearly labeled bottle of approved sun screen. We recommend that sun screen be waterproof, provide UVA/UVB protection and have a SPF of at least 30 and that it contain no peanut products .			
Head Lice: If lice are detected on any participant at this site, we will advise parents/guardians by letter. Please indicate whether or not you give permission for staff to check your child's hair for lice. <input type="checkbox"/> Check my child for lice <input type="checkbox"/> Do not check my child for lice			

Are there any current issues which involve your child in terms of Court Orders, Custody Issues and/or Restraining Orders?

Yes

No

If yes, please speak with our program staff.

HEALTH HISTORY

A physician's signature is not required on this form, however, we strongly encourage the participant to have a yearly physical check-up by your family doctor. One annual physical check-up is covered by OHIP).

Family Physician: _____

Phone: _____

Date of last examination: ____/____/____ (Day/Month/Year)

Allergies:

Drugs: _____

Food: _____

Insect Stings or Bites: _____

Seasonal Allergies (ie. Hay Fever): _____

Other: _____

Reactions: _____

Carries: Ana Kit

Yes No

EpiPen:

Yes

No

Recent Illness, Operations or Injuries:

Is participant under any form of treatment/medication for any illness, condition or injury? Yes No

If yes, please explain: _____

Will this condition limit or affect participation in activities? Yes No

If yes, please explain: _____

Immunization: (Please Indicate if Immunizations/Boosters are up to date):

TdP (Tetanus, diphtheria, polio) Yes No Hepatitis B Yes No

MMR (Measles, Mumps, Rubella) Yes No HIB Yes No

Chicken Pox Yes No Meningitis Yes No

Past History of Communicable Diseases and Approximate Dates:

Chicken Pox ____/____/____ Day Month Year Whooping Cough ____/____/____ Day Month Year Hepatitis ____/____/____ Day Month Year

Other: _____

Other Health Issues: (Please check any applicable areas)

Asthma

Vision Difficulties

Heart Disease/Defect

Behavioural Concerns

Emotional/Physical Limitations

Hypertension

Clotting Disorders

Frequent Colds/Sinus Trouble

Skin Conditions

Seizure Disorders

Headaches

Urinary Tract Infection

Diabetes

Hearing Aids

Physical Limitations

Eating Disorders

Hearing Difficulties

Use of prosthetics/aids _____

Other (please explain) _____

Medications Being Sent & To Be Taken by the Child: (If you need more space, please write on back of last page)

Medication Name	Dosage	Administration Times	Reason for Taking
1.			
2.			
3.			
4.			
5.			
6.			

AUTHORIZATION

To the best of my knowledge, this participant does not have a communicable disease, has not been in contact with anyone who has a communicable disease within 3 weeks of the program start date, and is physically able to participate in all program activities except as indicated. All medical problems, or conditions requiring ongoing medical supervision or care, have been fully noted. I give permission for this health information to be shared with the appropriate staff and outside medical personnel as necessary. If the parent/guardian cannot be reached, permission is, hereby, given to the staff to take whatever steps deemed necessary to ensure the safety and health of the participant. This also allows permission for the staff to contact the participant's family physician/specialist. (Please inform your physician/specialist that you have given this authorization).

I understand that camp activities have an inherent risk factor and that all appropriate precautions will be taken for participant safety. I agree to not hold the Corporation of the City of London or any of its employees responsible in the event of an injury to my child.

I, hereby, certify that all information completed in this form is accurate and up to date. I will contact the staff promptly, in writing, if any changes occur in the participant's health status between now and arrival at the program as well as during the program.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date