



Day Camp Forms - Edmonton Valley Zoo

Thank you for registering in an Edmonton Valley Zoo day camp! On the first morning of camp, camp leaders will be collecting and reviewing important information from you to ensure that your child will have a safe and fun experience. Information about medical, behavioral and social concerns is collected only to ensure that your child is receiving the support they need for a successful camp experience.

To help make dropping off your camper on the first morning quick and efficient, please complete the attached forms ahead of time.

This form must be completed for EACH camper.

If you have any questions about the information being gathered, or need to get in touch with a camp leader please contact:

Reserved Education Experiences Coordinator -- 780-496-3924

Education Programs Assistant -- 780-496-6922

After-Hours phone -- 780-217-0255

If your child has any behavioural concerns (i.e. ADHD, ASD, etc.) or medical needs (i.e. allergies, asthma, taking medication during camp etc.), please contact Edmonton Attractions Inclusion Coordinator at 780-944-7575 to fill out the appropriate forms. Otherwise, you will be asked to complete the forms at drop-off on the first day of camp.

I, as parent/guardian of the below named child, verify that the information on all pages is true and correct to the best of my knowledge. I understand by providing this information to the City of Edmonton that it will be used to enhance my child's experience while attending Edmonton Valley Zoo camp.

Name of Parent/ Guardian (please print)	Signature:	Initials:	Date:

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) STATEMENT

The personal information collected on this Medication Information Form is collected under the authority of section 33(c) of the FOIP Act and will be used by Citizen Services for the administration of the City of Edmonton "Daycamp Programs", program evaluation and administrative purposes. Your personal information will be protected in accordance with the privacy provisions of the FOIP Act. If you have any questions about the collection, use or disclosure of your personal information, please contact the Program Coordinator at 780-496-3924



EMERGENCY CONTACT

Name of Camper (please print)	Date
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Emergency Contact Information

Name		Relationship
Home Phone	Cell Phone	Work Phone

Name		Relationship
Home Phone	Cell Phone	Work Phone

Alternate Emergency Contacts:

Name		Relationship
Home Phone	Cell Phone	Work Phone

Name		Relationship
Home Phone	Cell Phone	Work Phone

Pick- Up Authorization: (only those listed here will be able to sign the camper out of camp at the end of the day)

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

Note: Photo ID is required every time a camper is picked up at the end of the day

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