

Ottawa West End Community Chaplaincy
CAMP BITOBI HEALTH REGISTRATION

Family Name: _____
Address: _____
_____ Telephone: _____

Parent's Date of Birth: _____
Child(ren)'s Date of Birth: _____

Parent's Health Card Number: _____
Child(ren)'s Health Card Number: _____

Doctor's Name: _____ Telephone: _____
Address: _____

Are there any medical problems that we should be aware of?

Parent: _____
Child(ren): _____

Do you have any seasonal, food, or medical allergies?

Parent: _____
Child(ren): _____

Are you on any medications at this time? Please list.

Parent: _____
Child(ren): _____

I understand that I am totally responsible for administering any medication that I, or any child that accompanies me, must take. I also give permission for the Ottawa West End Community Chaplaincy to obtain any emergency care needed in case of illness or accident for myself or any children in my care.

Signature: _____ Date: _____

Note: If under 18 years old legal guardian must sign.