

## REGISTRATION INFORMATION

- Applications are accepted on a **first-come, first-served basis**.
  - To ensure campers' comfort and safety, each program has an age requirement and possibly a skills prerequisite as well. Juniors must be 8 years old prior to camp start date. ALE campers must be 15 years old prior to camp start date. For other groups, birthdays must occur during the summer for a camper to be considered for placement in the next highest age group. Skills equivalency for SJBWC programs can be determined by contacting camp staff.
  - SJBWC staffing does not enable us to provide for all special circumstances. We reserve the right to refuse campers whose medical or supervisory care is beyond our ability to meet.
  - Note that all programs are not offered at each camp session.
  - Please complete all forms. Incomplete forms will delay the processing of the application. Include any special requests or needs of your child.
  - Programs may be combined or canceled if less than six campers are pre-registered three weeks prior to the camp start date. Senior campers please indicate a second choice of program. Enter the cost of the program (first choice) on the camper fees line.
  - An **annual membership of \$10 per family** over and above the camp fee is required to register. If you are registering more than one child in the same family you need only pay this membership once per year. Please indicate the name of the family member that is paying the membership.
- St. John Bosco Camp Association is incorporated under the Non-Profit Corporations Act and is a registered charity. Camp's operation is overseen by a volunteer Board of Directors elected from the Membership. Anyone may become a member. Tax receipts are issued for personal donations.
- **To register for the discount rates, the attached forms must be completed and returned with your family membership of \$10.00 and a minimum deposit of \$100.00 per camper. The balance of the fees must be paid by the deadline stated or full fees will apply.** Early registration will be decided by postmark on envelope.  
**All Camping Fees must be paid in full at least two weeks prior to the start date of camp.**
  - Indicate the camper's T-Shirt size.
  - If you are including canteen money with the application form, enter the amount included. Note: Canteen money can be paid at camp on Opening Day; however pre-paying it will speed the opening day registration process.  
Our canteen is open daily for approximately ½ hour. We stock treats such as chips, chocolate bars, pop, ice cream, freezies, candy, as well as hoodies, t-shirts, throat lozenges, single use cameras, etc.
  - Transportation to and from camp is the parent's responsibility. We are offering a bus service from Saskatoon to camp, via Prince Albert. If you want to send your child to camp on the bus, please complete the "Bus to Bosco" form on reverse side and include an additional \$60.00 per bus ride on the appropriate line. Note that a minimum 8 campers is required for this service to be available. Complete information will be included in your confirmation package.
  - Subtotal camp program fees, "Bus to Bosco" and membership lines. Add canteen money and donations, if desired, and calculate the total amount to be included with the registration form.
  - Make cheque or money order payable to "St. John Bosco Camp". We are unable to accept Visa, Mastercard, debit card, etc. Post-dated cheques are acceptable.
  - There will be a \$25 service charge for any returned cheques.
  - Refunds will not be given for any cancellation that is made 7 days, or less, prior to the start of your child's camping session.
  - No fee reduction for arriving late or leaving early.
  - SJBWC is not responsible for lost or delayed mail.
  - A confirmation package will be mailed to you. It will include your receipt, a list of what to bring, map, details of opening and closing day, etc. For safety and comfort reasons, please adhere to the "what to bring list" as closely as possible.

For more information:

Office Phone: (306) 978-0019      Email: johnboscocamp@sasktel.net  
Office Fax: (306) 978-0037      Web site: www.johnboscocamp.com

### PROGRAMS, DATES & PRICES SUMMER 2011

Early Bird Prices are in effect until April 30, 2011  
Must be paid in full by deadline to qualify for reduced rates

Program	Ages	# of Days	1 <sup>st</sup> Camp	Dates 2 <sup>nd</sup> Camp	3 <sup>rd</sup> Camp	Early Bird Fees if pd in full by April 30	Full Fees May 1
Junior	8-10	6	Jul 10-16	Jul 24-30	Aug 7-13	265.00	305.00
Intermediate	10-12	10	Jul 6-16	Jul 20-30	Aug 3-13	365.00	405.00
Wilderness Skills	13-14	10	Jul 6-16	Jul 20-30	Aug 3-13	440.00	480.00
Canoe Outtripping Skills	14-16	10	Jul 6-16	Jul 20-30	Aug 3-13	455.00	495.00
Wilderness Outtripping Skills	14-16	10	Jul 6-16	Jul 20-30	Aug 3-13	455.00	495.00
Adventure Leadership Experience	15-18	24	Jul 6-30	Jul 20-Aug 13		850.00	930.00

Prices include a \$50 non-refundable administration fee. Fees include all applicable taxes.  
Camping Fees must be paid in full at least two weeks prior to the start date of camp.  
Late payments will be subject to interest charges of 2% per month (26.82% per year).

**Early Registration Discounts  
available until April 30, 2011**



# St John Bosco Wilderness Camp

## Camper Registration Information & Medical Forms

To Register Complete ALL Forms and send to

**St John Bosco Camp**  
**Box 3002**  
**Saskatoon, SK S7K 3S9**

Phone (306) 978-0019

Fax (306) 978-0037

Email: johnboscocamp@sasktel.net

Website: www.johnboscocamp.com



# St. John Bosco Wilderness Camp

## Camper Registration Form 2011

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CAMPERS'S NAME: \_\_\_\_\_  
Last First

MALE  FEMALE

ADDRESS: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_  
Month / Day / Year

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ P.C.: \_\_\_\_\_

AGE (while at camp): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

GRADE SEPT 1: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT CAMP? \_\_\_\_\_

WHERE DID YOU GET YOUR APPLICATION FORM?

Church  I'm A Former Camper  School  Friend  Website  Other, specify: \_\_\_\_\_

YEARS AT BOSCO:  2003  2004  2005  2006  2007  2008  2009  2002  THIS IS MY FIRST YEAR AT BOSCO

PLEASE NOTE ANY SPECIAL REQUESTS OR NEEDS HERE OR IN AN ATTACHED LETTER: \_\_\_\_\_

(Senior Campers, ages 14 and over, please indicate a first and second choice of programs and/or dates.)

1<sup>st</sup> Choice Camp Dates \_\_\_\_\_ Program \_\_\_\_\_

2<sup>nd</sup> Choice Camp Dates \_\_\_\_\_ Program \_\_\_\_\_

Camper Fees for 1<sup>st</sup> Choice (see programs, dates and prices) ----- \$ \_\_\_\_\_  
(use early bird rates **only if paying in full prior to April 30, 2011**)

Camp T-Shirt (please circle one of these sizes): ----- \$ \_\_\_\_\_ FREE  
Youth - Large X Large  
Adult - Small Medium Large X Large XX Large

Bus to Bosco - Add \$60.00 for each way (to and/or from) ----- \$ \_\_\_\_\_  
(Please complete Bus Registration Form below to right)

Annual Membership (Pay this only once per family) ----- \$ \_\_\_\_\_ 10.00  
(This membership fee was paid by \_\_\_\_\_)  
(name of camper who paid membership)

**SUBTOTAL \$ \_\_\_\_\_**

I wish to include a Canteen Deposit \$ \_\_\_\_\_

I wish to make a charitable donation to camp \$ \_\_\_\_\_

**TOTAL FEES DUE \$ \_\_\_\_\_**

To Register mail: **AMOUNT ENCLOSED \$ \_\_\_\_\_**  
(Minimum \$100.00 plus membership)

Camper Registration form,  
Camper Information form,  
Confidential Medical Record &  
Payment in full or deposit:

**ST. JOHN BOSCO CAMP**  
**Box 3002**  
**Saskatoon, SK S7K 3S9**

**Fees must be paid in full at least two weeks prior to the start date for your camp session**

If camp fees are to be paid by a third party, please include your deposit with the application and provide us with the following information.

Send invoice to: \_\_\_\_\_ Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Note: Payments from Third Party must be received at least 14 days prior to camp start date.  
To qualify for early bird discounts, payment from third part must be received prior to April 30, 2011

**INVITATION:** Thank you for sending your child to camp. The St John Bosco Camp Board of Directors would like to extend an invitation to all parents, campers and members to join us at the Bosco camp site on Zeden Lake on the May long weekend. This year we will be assisting our staff as they set up and clean up camp for the upcoming season. The jobs will vary from washing dishes, walls and windows to setting up tents to moving fallen trees. There are lots of chores that need to be done. It is a great opportunity to work alongside your family as part of the "Bosco Work Crew". Camping space and meals will be provided. All we ask is that you let us know in advance of your arrival and how long you will be staying.

I will come to camp May long weekend to help  Yes  No \_\_\_\_ # of people  
 Fri  Sat  Sun  Mon

I can't come, but wish to donate \$20 \$50 \$100 \$200 Other: \_\_\_\_\_

## MEMBERSHIP INFORMATION

Family Name: \_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ P.C.: \_\_\_\_\_

Telephone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

I would like to be more involved with St John Bosco Camp.  Yes  No  
As a volunteer  Yes  No  Maybe  
As a Board Member  Yes  No  Maybe

## BUS TO BOSCO

Yes, I would like to send my child to camp on the "SJBWC Bus" for the following session:  
My \$60 fee per bus trip is included with my camping fees.

**Ride to Camp**  1<sup>st</sup> Camp - Wednesday, July 6, 2011  2<sup>nd</sup> Camp - Wednesday, July 20, 2011  3<sup>rd</sup> Camp - Wednesday, August 3, 2011  
**Ride Home**  1<sup>st</sup> Camp - Saturday, July 16, 2011  2<sup>nd</sup> Camp - Saturday, July 30, 2011  3<sup>rd</sup> Camp - Saturday, August 13, 2011

Name of Camper: \_\_\_\_\_ (Please Print) Pick-up / Drop-off Location: \_\_\_\_\_  
 Saskatoon or  Prince Albert

Parents Name: \_\_\_\_\_ Phone: \_\_\_\_\_



# St John Bosco Wilderness Camp

## Camper Information Form

Office Use Only:	Name: _____	Group: _____
No. of Yrs. _____	Camp: _____	Program: _____

**This form is to be completed and signed by parent or guardian. Please Print.** Personal information will be kept confidential and utilized for purposes related to the operation of St John Bosco Wilderness Camp.

We want your child to have a great summer experience at SJBWC. In order to achieve this, it is important to have as much information as possible about his or her habits, likes and dislikes. Please complete the following form providing as much detail as possible for all questions. If additional space is required, please attach a separate sheet.

PARISH NAME (if Catholic): \_\_\_\_\_

Has he/she received first communion?  Yes  No

1. What does he/she like to do the most? (Games, hobbies, etc.) \_\_\_\_\_

2. Can he/she swim 25 meters?  Yes  No Swimming level attained: \_\_\_\_\_

3. Is he/she eager to go to camp or being encouraged to go? \_\_\_\_\_

4. How would you describe his/her eating habits: Light?  Average?  Hearty?  Fussy?

5. Does he/she have any special dietary requirements? (i.e.: Vegetarian, diabetic, allergies, lactose, gluten free, nuts, etc.) \_\_\_\_\_

6. Does he/she have any physical limitations which will affect his/her ability to participate in activities:

While in main camp?  Yes  No

While out tripping - overnight for several days and nights?  Yes  No

If Yes, please explain \_\_\_\_\_

7. Does he/she have any phobias? \_\_\_\_\_

8. Does he/she live with : Parents  Mother  Father  Other \_\_\_\_\_

9. Number of siblings: \_\_\_\_\_ Ages of brothers: \_\_\_\_\_ Ages of sisters: \_\_\_\_\_

10. In the last year have there been any basic changes in family relationships?  Yes  No

Birth  Marriage  Death  Separation  Divorce

11. Are his/her friends his/her: Own age?  Older?  Younger?

12. Please  the characteristics that best describe your child. If necessary, please describe

characteristics more thoroughly on a separate sheet of paper.

shy with others his/her age  shy with adults  makes friends easily

has difficulty keeping friends  easy going  temperamental

aggressive  indifferent  nervous

happy  sensitive  emotional

prefers passive activities  energetic  tires easily

needs to be busy  well coordinated  clumsy or awkward

13. Are there any emotional, learning, or cognitive issues that may affect his/her ability to participate in camp activities:  Yes  No If yes, please explain \_\_\_\_\_

14. Does your child have any history of violence, bullying, emotional or physical abuse that may put him/her, other campers or camp staff in any sort of harm?  Yes  No

If yes, please explain \_\_\_\_\_

15. Are there any other concerns/issues that will impact your child's experiences at camp? (re: personal habits; physical or emotional needs; special family situations; etc.) \_\_\_\_\_

16. What do you feel are your camper's expectations of the camping experience? \_\_\_\_\_

17. What are your expectations for your son/daughter? \_\_\_\_\_

18. Is there anyone who **should not** be contacting or picking up your child at camp? \_\_\_\_\_

19. Any additional comments: \_\_\_\_\_

St John Bosco Wilderness Camp staffing does not enable us to provide for all special circumstances. We reserve the right to refuse campers whose medical or supervisory care is beyond our ability.

### CAMPER/PARENT/GUARDIAN:

As the Applicant and/or the Parent or Guardian of the applicant, I/we understand that camp programming involves outdoor adventure activities and are satisfied with the precautions being taken for the health, welfare and safety of myself or of my child (or ward).

I/we understand that my photo or my child's photo may be taken for use in camp promotional literature and I/we waive the right to inspect or approve the photo or video if used for such purposes. I/we hereby agree to this camping experience.

Camper or Parent (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_



# St John Bosco Wilderness Camp

## Confidential Medical Record

Office Use Only: Camp Session \_\_\_\_\_ Program \_\_\_\_\_ Group \_\_\_\_\_

**This form is to be completed and signed by parent or guardian. Please Print**  
 Personal information will be kept confidential and utilized for purposes related to the  
 operation of St John Bosco Camp. Please answer every question in each section.

### PART I Contact Information

#### CAMPER

Name \_\_\_\_\_ Gender  M  F  
 Address \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_  
 City/Prov/Postal Code \_\_\_\_\_ Height \_\_\_ft.\_\_\_in. Weight \_\_\_\_\_

#### PARENT/GUARDIAN

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Daytime Telephone # (\_\_\_\_\_) \_\_\_\_\_ Daytime Telephone # (\_\_\_\_\_) \_\_\_\_\_  
 Evening Telephone # (\_\_\_\_\_) \_\_\_\_\_ Evening Telephone # (\_\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_ Email \_\_\_\_\_

#### EMERGENCY CONTACT (other than parent/guardian)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City/Prov/PC \_\_\_\_\_  
 Daytime Telephone # (\_\_\_\_\_) \_\_\_\_\_ Evening Telephone # (\_\_\_\_\_) \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

#### FAMILY PHYSICIAN

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ FAX # \_\_\_\_\_

#### HEALTH INSURANCE INFORMATION

Provincial Health Care #: \_\_\_\_\_ and/or Blue Cross #: \_\_\_\_\_  
 And/or other Insurance Co. Name and #: \_\_\_\_\_

### PART II Medical Information

#### A. Allergies (Including allergies to medicines, foods, insect bites/stings) NONE or

If more space is required, please list below and attach details on a separate sheet

Allergy	Severity	Symptoms	Treatment & Medication Required

#### B. Current Medications NONE or

(Including psychiatric medication, over-the-counter medication, inhalers)

Medication List Below	Taken For Symptom / Condition	Dosage Size / Time(s) taken	Date Started	Current Side Effects (if any)

**ALL MEDICATION MUST BE CLEARLY MARKED, IN ORIGINAL PACKAGING AND  
 HANDED TO THE FIRST AID PERSONNEL UPON ARRIVAL AT CAMP**

### PART III Health History

#### A. General

Date of last medical check-up: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_  
 Is your child's immunization up to date?  Yes  No Date of last booster: \_\_\_\_\_  
 Has your child recently been in contact with any contagious diseases?  Yes  No  
 If yes, which disease? \_\_\_\_\_ And when? \_\_\_\_\_  
 Has you child been Hospitalized or received Emergency Room / Urgent Care within the past 1 year?  Yes  No  
 If yes, please describe \_\_\_\_\_  
 Has medication recently been discontinued:  Yes  No  
 If yes, please identify the medication and the illness it was prescribed for and the reason for discontinuance. \_\_\_\_\_  
 (For Females) Has menstruated?  Yes  No If No, has she been told about it?  Yes  No

#### B. Chronic Conditions (please ✓ either yes or no for each condition. If yes, please describe below:

1. Fainting	Y <input type="checkbox"/> N <input type="checkbox"/>	2. Diabetes	Y <input type="checkbox"/> N <input type="checkbox"/>	3. Bedwetting	Y <input type="checkbox"/> N <input type="checkbox"/>
4. Seizures	Y <input type="checkbox"/> N <input type="checkbox"/>	5. Bronchitis	Y <input type="checkbox"/> N <input type="checkbox"/>	6. Night mares	Y <input type="checkbox"/> N <input type="checkbox"/>
7. Convulsions	Y <input type="checkbox"/> N <input type="checkbox"/>	8. Asthma	Y <input type="checkbox"/> N <input type="checkbox"/>	9. Sleep walking	Y <input type="checkbox"/> N <input type="checkbox"/>
10. Epilepsy	Y <input type="checkbox"/> N <input type="checkbox"/>	11. Tonsillitis	Y <input type="checkbox"/> N <input type="checkbox"/>	12. ADD / ADHD	Y <input type="checkbox"/> N <input type="checkbox"/>
13. Heart Disease	Y <input type="checkbox"/> N <input type="checkbox"/>	14. Ear Infections	Y <input type="checkbox"/> N <input type="checkbox"/>	15. FAS / FAE	Y <input type="checkbox"/> N <input type="checkbox"/>
16. Cardiac conditions	Y <input type="checkbox"/> N <input type="checkbox"/>	17. Motion Sickness	Y <input type="checkbox"/> N <input type="checkbox"/>	18. Diagnosed Learning Disability	Y <input type="checkbox"/> N <input type="checkbox"/>
19. Current Neck/Back/Shoulder/Knee/Ankle/ or other joint problem	Y <input type="checkbox"/> N <input type="checkbox"/>	20. Prosthetic device(s)	Y <input type="checkbox"/> N <input type="checkbox"/>	21. Use of tobacco/Smoker	Y <input type="checkbox"/> N <input type="checkbox"/>
21. Other medical issues / illnesses / symptoms / requirements	Y <input type="checkbox"/> N <input type="checkbox"/>				

# \_\_\_\_\_ Description \_\_\_\_\_  
 # \_\_\_\_\_ Description \_\_\_\_\_  
 Does your child have any health condition or problems restricting camp activity? Y  N   
 If "yes" explain \_\_\_\_\_

#### C. Personal History

Has your child been in counseling with a psychiatrist, psychologist, social worker, or other therapist within the past 2 years? Y  N   
 Is he/she currently in counseling or treatment with a therapist, psychiatrist, psychologist, or prescribing physician? Y  N   
 Please arrange for a release of information with their therapist and/or prescribing physician so we may contact them  
 for further information as part of this screening process. Have you done so? Y  N   
 Please check the appropriate responses that indicate the reason(s) for counseling:  
 Academic / Career  Divorce  Family Issues  Maintenance of Medication  
 Substance Abuse  Depression  Eating Disorder  Suicide  Other \_\_\_\_\_  
 Name of current (or most recent) therapist \_\_\_\_\_  
 Telephone # \_\_\_\_\_ FAX # \_\_\_\_\_ email \_\_\_\_\_  
 Name of prescribing physician \_\_\_\_\_  
 Telephone # \_\_\_\_\_ FAX # \_\_\_\_\_ email \_\_\_\_\_

### PART IV Signature Required

I hereby authorize the St John Bosco Camp Association and / or its employees to obtain such medical  
 services as they deem are required in regards to the camper named above. I hereby give permission to  
 the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order  
 injection, anesthesia or surgery for my child/ward as named. I agree to pay any charges not covered by  
 my medical plan (i.e. medications, ambulance ride, etc.).

Form completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Please print

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

Please return completed form to:

**St John Bosco Camp, Box 3002, Saskatoon, SK S7K 3S9**



# St John Bosco Wilderness Camp

## Medication Consent Form

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

Camp Dates: \_\_\_\_\_ Camp Program: \_\_\_\_\_

Are there any medications that your child cannot tolerate?      Yes      No

Please List:

**In an effort to make your child's stay at St John Bosco Wilderness Camp enjoyable, we keep a small supply of over-the-counter medications on hand to treat minor health problems. Medication is given only after an assessment by the First Aid Personnel. Please review the following list of medications and indicate the medications you will permit the first aid personnel to administer:**

**(Please check (☑) your preference)**

Oral:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| acetaminophen (ie: Tylenol)               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ibuprofen (ie: Advil)                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| cough suppressant (ie: Buckley's)         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| cold & cough hot beverage (ie: NeoCitran) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| antihistamine (ie: Claritin, Aeries)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| dimenhydrinate (ie: Gravol)               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| oral decongestant (ie: Sudafed)           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| diphenhydramine (ie: Benadryl)            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| anti-diarrheal                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| laxative                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| antacids (ie: Tums, Rolaids)              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vitamin C                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pepto Bismol                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Topical / Other:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| calamine lotion                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| saline-solution                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| hydrogen peroxide                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| rubbing alcohol                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iodine                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| antibacterial ointment (i.e. Polysporin) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Afterbite                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| moisturizing lotion                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| sunscreen                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| antipholgistine (ie: Rub A535)           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aloe Gel                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Burn treatment (ie: Lanacane)            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eye drops (ie: Visine)                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ear drops (ie: Auralgan)                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you wish to be contacted prior to any of these over the counter medicines being given to your child?       Yes       No

NOTE: Aspirin, or products containing aspirin, will not be given to children. If your child is to receive medication containing aspirin, please bring it with you and include a note from the physician.

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

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