

EXPLORE

Queen's Geography Workshops and Summer Camp



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<https://www.queensu.ca/geographyandplanning/explore-camp>

Assistant Counsellor Medical Information Form

Assistant Counsellor Information:

Name: _____ Phone Number: _____
Date of Birth: _____ Health Card Number: _____
Address: _____

Parent/Guardian Information:

Name: _____ Phone Number (home): _____
Email: _____ Phone Number (work): _____
Address (omit if same as above): _____

Emergency Contact:

Name: _____
Phone Number (where they can be reached anytime): _____
Address: _____

Medical Information

Name of Family Physician: _____

Phone Number: _____

Do you have any current medical concerns? If yes, please explain.

Do you have any allergies? If yes, please list and describe any details we should know about.

Are you currently taking any medications? If yes, please list below. Please include exact instructions if this medication needs to be administered during the camp day. Only the daily dose needed should be brought to camp each day. Any medications brought to camp need to be clearly labelled with your name and medication type.

Please let us know of any other important information we should be aware of:

Assistant Counsellor Signature

Date

Parent/Guardian Signature

Date