



Calgary



**The City of Calgary Parks Nature Discovery Camp 2017:
Emergency Contact, Medical and Dietary Information**

Name of Child: _____

Age: _____

Please indicate below emergency contact information:

Parent / Guardian 1

Parent / Guardian 2

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

We provide occasional treats and snacks to our campers throughout the week. Please indicate below, any foods you do not wish your child to eat.

Please indicate any other dietary restrictions or allergies your child may have:

Any other medical or behavioral information we should know?
