



**Medical**

Camper's Name \_\_\_\_\_  
Personal Health Number \_\_\_\_\_  
Camper's Doctor \_\_\_\_\_  
Doctor Phone \_\_\_\_\_

Has camper been treated by a health care professional for any emotional / physical condition in the past 12 months?

No  Yes If Yes, please explain.

Does camper have any allergic sensitivity to penicillin, other drugs, foods or environmental substances?

No  Yes If Yes, please explain.

During camp, parent/guardian may be reached at:

Name \_\_\_\_\_  
Phone \_\_\_\_\_

In case of an emergency, if parent/guardian cannot be reached, contact the following:

Name \_\_\_\_\_  
Phone \_\_\_\_\_

To the best of my knowledge, camper is in good health.

\_\_\_\_\_  
Name of Parent or Guardian (printed)

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

→ APPLICATION DEADLINE: NOV 9/2007 ←

FALL ESCAPE FEE ENCLOSED (\$59)

TRANSPORTATION FEE ENCLOSED (\$20)

\*Mail Form & Cheque to: **YOUTH FOR CHRIST**  
**1338 Ave B North Saskatoon, Saskatchewan S7L 1G5**

\*Make cheque out to: **Youth For Christ**

**Payment**