



CAMPER INFORMATION
for family members and or caregivers

SEPARATE APPLICATION FORMS
MUST BE FILLED OUT FOR EACH CAMPER

CAMP COSTS / FINANCIAL ASSISTANCE

Although your ASO contributes to Camp as a whole, we require that each camper pay a minimum amount of \$20.00 to secure their spot. If you are unable to do this, you **MUST** contact the Snowy Owl AIDS Foundation to make alternate arrangements.

Due to space restrictions priority will be given to immediate family members

Primary CAMPER Name:

Accompanying camper's Name:

Relationship to primary camper:

Date of Birth(yyyy-mm-dd) :

Address :

Street address / apt number :

City / province :

Postal Code :

Email :

Phone: Home:

Mobile:

Work:

Emergency contact:

Relationship to camper:

Address :

Email :

Phone: Home:

Mobile:

Work:



MEDICAL INFORMATION

Health Card Number: Version code:
Drug Plan (ODSP, Trillium, other) Number:
Physician name:
Physician Phone number:
Pharmacy Name:
Pharmacy Phone number:

Please circle the following

Meds: do you require medication Yes No
If **yes:** Pharmacy print out must be submitted

The use of illegal substances is prohibited at Camp Snowy Owl

Alcohol is not permitted at Camp

Allergies Yes No

Meds Yes No

Plants Yes No

Insects Yes No

Asthma Yes No

If yes please ensure you have your medication (puffers, etc) with you at all times

Other Yes No

Do you require an EpiPen Yes No

If yes please ensure you carry it with you at all times

List all allergies

Immunization:



Meningitis Yes No
Tetanus / polio Yes No
Hep A/B Yes No

DIETARY RESTRICTIONS

Vegetarian Yes No
Vegan Yes No
Diabetic Yes No
Lactose intolerant Yes No
Gluten intolerant Yes No
Celiac Yes No

Food allergies Yes No
If **Yes** List Specific food allergies:

Physical health; *I experience challenges with the following(select all that apply)*

Balance / walking Energy / Stamina Breathing Sleeping
 Digestion Infections Other

Mobility Independant Some Assistance One on One

Assistance required Dressing Stairs Eating Indoors/Outdoors

I require additional assistance with

I require wheelchair accessibility Yes No

I can manage an upper bunk. Yes No



MISCELLANEOUS INFORMATION

I would like to be in the same room as:

(We will do our best to accommodate your room request, no guarantees)

T-shirt size

- Child S M L XL XXL XXXL
 Adult S M L XL XXL XXXL

TRANSPORTATION

Need a ride from Ottawa? Yes No

I will drive to camp Yes No

Comments:

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