

**Camp Liberté Society**

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Registered Charity:

#85458 0461 RR0001

APPLICATION FORM

☐ ENNISMORE, ON (Ages 7-14)☐ LANAUDIÈRE, QC (Ages 7-12)☐ FREDERICTON, NB (Ages 7-14)☐ BRAGG CREEK, AB (Ages 7-14)☐ LAKE COUNTRY, BC (Ages 7-14)☐ MISSION, BC (Ages 7-14)Has the child attended camp in the past? ☐ Yes ☐ NoT- Shirt Size: ☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Youth XL

Referred by: _____

CAMPER INFORMATION:

Child's Name: First: _____ Last: _____

Gender: ☐ Male ☐ Female Date of Birth (DD/MM/YYYY): _____ Age: _____Parent(s) Names: _____ ☐ Father ☐ Mother

Home Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

BRIEF DESCRIPTION OF CHILD'S SKIN CONDITION:

1. Condition: _____

2. Extent of condition: _____ ☐ Generalized ☐ Limited

If limited, what areas are affected? _____

3. (a) Severity of condition: ☐ Minimal ☐ Moderate ☐ Severe

(b) What is the treatment for this condition?

Skincare/hygiene: ☐ Yes ☐ No Special Dressings: ☐ Yes ☐ No

Treatments? _____

Oral medication? _____

(c) Other medications: ☐ Yes (Specify) ☐ No_____

4. Additional medical considerations

☐ Asthma _____☐ Allergies _____☐ Other (Specify) _____