Gabriola HISTORICAL AND museum SOCIETY

Gabriola Museum Summer Program Registration Form

Please fill out ALL sections as this information will be very important in case of an emergency or medical problem.

Name of Child: _____

Age: _____ Birthdate: _____

Name of Parents/Guardians:

_____

Telephone: (h) _____ (w) _____

Emergency Contact (Name & Number) _____

Doctor: _____ Dr. Telephone: _____

Child Care Card Number: _____

My son/daughter has the following medical problem that the Museum should be aware of (asthma, hay fever, allergies to bees, allergies to plants, sinus trouble, epilepsy etc.):

_____

_____

_____ _____

DATE SIGNATURE OF PARENT OR GUARDIAN