OAK BAY
PARKS, RECREATION
& CULTURE

Supported Camper and Legal Guardian Information Form

Spring Break 2027

All fields in this section must be completed.
If there is no second language, please write "NA" in the applicable field.

Camper Information:	
Child's Full Name:	
Date of Birth:	
Grade currently enrolled in 2026/27 school year:	
Phone Number:	
Address:	
Child's First Language:	
Child's Second Language (if applicable):	
Does your camper already have a registration account with Oak Bay Parks, Recreation, and Culture	Yes: ☐ No: ☐

All fields in this section must be completed.
If there is no Second Legal Guardian, please write "NA" in the applicable fields.

Legal Guardian Information:	
Enrolling Legal Guardian Name:	
Primary Phone Number:	
Secondary Phone Number:	
Email Address:	
Address:	
Second Legal Guardian Name:	
Primary Phone Number:	
Secondary Phone Number:	
Email Address:	
Address:	

All fields in this section must be completed.

Medical and Personal Care Information:		
Does your camper require any medical or health-related support (e.g., medication reminders, diabetes management, or other medical interventions)?	Yes: ☐	No: ☐
If **yes**, please describe:		
Does your camper carry an Epi-Pen? *If **yes**, program staff will contact you to complete the mandatory Epi-Pen Form.*	Yes: ☐	No: ☐
Does your camper require assistance with personal care (e.g., toileting, feeding, dressing, or mobility assistance and/or transfers)?	Yes: ☐	No: ☐
If **yes**, please describe:		
Does your camper use any aids or assistive devices (e.g., mobility devices, hearing aids, communication board, visual aids, or communication apps)?	Yes: ☐	No: ☐
If **yes**, please describe:		

All fields in this section must be completed.

Camper Behaviour Information:	
Is your camper aware of general safety measures (e.g., street safety, stranger-awareness, playground safety)?	Yes: ☐ No: ☐
If **no,** please explain:	
Has your camper ever eloped/bolted or left a group activity without permission?	Yes: ☐ No: ☐
If **yes**, please describe what happened and how the behaviour was supported or managed:	
Does your camper ever hit, kick, bite, scratch, or otherwise attempt to physically harm others?	Yes: ☐ No: ☐
If **yes**, please describe the situation(s) and what strategies were helpful:	
Does your camper ever use verbal aggression or make threats toward others?	Yes: ☐ No: ☐
If **yes**, please describe the situation(s) and what strategies were helpful:	

Does your camper ever attempt to harm themselves?	Yes: ☐ No: ☐
If **yes**, please describe the situation(s) and what strategies were helpful:	
Are there any concerns about your camper's understanding of, or respect for, personal boundaries? (e.g., personal space, touch, or physical interactions)?	Yes: ☐ No: ☐
If **yes**, please describe the situation(s) and how the behaviour was supported:	
What helps your camper to feel safe, calm, and comfortable in new or busy environments?	
How do you encourage or reinforce positive behaviours at home?	

Are there any activities your camper finds challenging or tends to avoid?	Yes: ☐ No: ☐
If **yes**, please describe:	

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The information collected on this form is authorized under Section 26(c) of the Freedom of Information and Protection of Privacy Act, as it relates directly to and is necessary for the safe provision of the District's Children's Licensed care, camps and programs. The information will be stored in a binder/clipboard and securely stored in a District office when not in use. It will be accessible to authorized staff only, including Licensed Care and camps staff, and used for attendance, medical and safety purposes. If you have questions regarding the collection, use and disclosure of personal information, contact the Corporate Services Department at foi@oakbay.ca or 250-598-3311