



Easter Seals Camp Horizon Personal Support Worker Information

Name _____

Address _____

Telephone # (day) _____ (eve) _____

Fax _____ email _____

Name of camper you will be working with: _____

How long have you worked with this individual? _____

Date of camp you are attending: _____

**If you are leaving early for any reason, please be sure to inform the Coordinator, Camp Programs or Director, Camp Programs upon arrival at camp.*

Emergency Contact

Name _____ Relationship _____

Day Phone _____ Evening Phone _____ Cell _____

Special Medical Considerations

Health Care Number _____ Province _____

Do you have any allergies? Yes No

Medication/Environmental: _____

Reaction/Treatment: _____

Food: _____

Reaction/Treatment: _____

CALGARY OFFICE
Suite 103
811 Manning Road NE
Calgary, AB T2E 7L4
P 403.235.5662
F 403.248.1716

EDMONTON OFFICE
Suite 1408, Baker Centre
10025 - 106 Street
Edmonton, AB T5J 1G4
P 780.429.0137
F 780.429.1937

**EASTER SEALS
MCQUEEN RESIDENCE**
14407 McQueen Rd
Edmonton, AB T5N 3L3
P 780.455.1050
F 403.454.1751

**EASTER SEALS
CAMP HORIZON**
Box 540
Bragg Creek, AB T0L 0K0
P 403.949.3818
F 403.949.3388

www.easterseals.ab.ca
1.877.732.7837





Do you have any special dietary requests? (e.g. vegetarian, diabetic etc.)

Any other medical information or concerns:

Camper Care

How will you be assisting your camper throughout the camp session (e.g. from wake-up to bedtime I will cater to their needs, only if behaviour support is necessary, only during the 9-5 work day, etc)?

Do you want a bed in the dorm with the camper or in the volunteer lodge?
_____ camper dorm _____ volunteer lodge

Do you have any first aid training or CPR certification? Yes No
List certifications: _____

Signature

Date

Please mail this form back to:
Easter Seals Camp Horizon
Attn: Coordinator, Camp Programs
Box 540
Bragg Creek, AB T0L 0K0

CALGARY OFFICE
Suite 103
811 Manning Road NE
Calgary, AB T2E 7L4
P 403.235.5662
F 403.248.1716

EDMONTON OFFICE
Suite 1408, Baker Centre
10025 - 106 Street
Edmonton, AB T5J 1G4
P 780.429.0137
F 780.429.1937

**EASTER SEALS
MCQUEEN RESIDENCE**
14407 McQueen Rd
Edmonton, AB T5N 3L3
P 780.455.1050
F 403.454.1751

**EASTER SEALS
CAMP HORIZON**
Box 540
Bragg Creek, AB T0L 0K0
P 403.949.3818
F 403.949.3388

www.easterseals.ab.ca
1.877.732.7837

