



MDAM
MOOD DISORDERS
ASSOCIATION OF MANITOBA

*Helping People
Help Themselves*

**MOOD DISORDERS
ASSOCIATION OF MANITOBA**
4 Fort Street
Winnipeg, MB R3C 1C4
(204) 786-0987



| | |
|---------------------------|------------------------------|
| First Name: | Last Name: |
| Birthdate: | MB Health Number (9 digits): |
| Address: | City: |
| Province: | Postal Code: |
| Parent/Guardian Name(s): | |
| Parent/Guardian Email(s): | |
| Parent/Guardian Phone(s): | |

Please answer the following questions so we can better prepare for the needs of all campers during M.A.D. Camp.

1. Are you taking any medications? If yes, please list the medications and any instructions staff may need. (Example: reminder when to take medication, etc.) Please note: staff cannot administer any medication.

2. Do you have any allergies? If yes, please describe:

3. Do you have any dietary restrictions? If yes, please describe:



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4. Mode of transportation to and from M.A.D. Camp? Please describe:

5. Which of the following are you most interested in: Music, Art, Dance, or Drama? Circle your top choice.

6. Do you have any mental health concerns we should be aware of? If yes, please describe:

7. Have you ever been diagnosed with a Mental Illness/Mood Disorder? If yes, please describe:

8. Is there any other information you would like to share with us that is useful for staff to know while supporting you at M.A.D Camp? If yes, please describe:



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Please be advised all information will be kept in strictest confidence.

MDAM adheres to the guidelines as outlined in the Freedom of Information and Privacy Act (FIPPA), the Personal Health Information Act (PHIA) and the Personal Information Protection and Electronic Documents Act (PIPEDA).

I have read and understand the questions above and allow my child to participate in M.A.D Camp 2024.

Parent/Guardian Signature: _____

Participant Signature: _____

Date signed: _____