



CAMP KWASIND MEDICAL FORM 2016

This MEDICAL FORM must accompany the camper's registration form.

Camp(s) _____
(Name of camp session(s) for which camper is registered)

From _____ **to** _____
(Camp session dates)

CAMPER INFORMATION

Camper's Name _____ **M** **F**

Mailing Address _____ City _____

Province _____ Postal Code _____ Phone (_____) _____ -- _____

Birthday _____ day _____ month _____ year Age at camp _____ HEALTH CARD # _____

Family Physician _____ Phone (_____) _____ -- _____

IN CASE OF ILLNESS PLEASE NOTIFY

- | | |
|-----------------------------------|-----------------------------------|
| 1. Name _____ | 2. Name _____ |
| Address _____ | Address _____ |
| Home Phone (_____) _____ -- _____ | Home Phone (_____) _____ -- _____ |
| Work Phone (_____) _____ -- _____ | Work Phone (_____) _____ -- _____ |
| Cell Phone (_____) _____ -- _____ | Cell Phone (_____) _____ -- _____ |
| Relationship to camper: _____ | Relationship to camper: _____ |

HEALTH HISTORY

Allergies –

My child has an Allergic Reaction to:

(Please indicate type of reaction(s))

- Bee / wasp sting _____
- Insect bites _____
- Animals _____
- Penicillin _____
- Drugs: _____
- Foods: _____
- Other: _____

- | | | |
|-------------------|-------------------------|------------------|
| 1. Anaphylaxis | 3. Itchiness | 4. Sneezing |
| 2. Abdominal pain | 6. Joint pain | 7. Stomach upset |
| 5. Asthma | 9. Nasal congestion | 10. Swelling |
| 8. Blisters | 12. Nausea | 13. Swollen eyes |
| 11. Chills | 15. Rash (raised) | 16. Swollen lips |
| 14. Diarrhea | 18. Rash (red only) | 19. Vomiting |
| 17. Eczema | 21. Shortness of breath | 22. Wheezing |
| 20. Hives | | |

EpiPen needed for:
(If camper has a severe life-threatening allergy, two epipens must be brought to camp.)

Immunization Record –

Has camper been immunized against the following in accordance with the recommended immunization schedule in Ontario?

- | | |
|--------------------------|------------------|
| Diphtheria/Tetanus/Polio | Hepatitis B |
| Measles/Mumps/Rubella | TB Test results: |
| Chicken Pox | |

Does camper currently have or experience any of the following?

- Asthma
- Bedwetting
- Ear infections
- Eating disorders
- Diabetes
- Diet restrictions
- Earplugs / tubes / earaches
- Eyeglasses
- Fainting spells
- Hay fever
- Headaches
- Heart condition
- Hepatitis
- Hernia repair
- Menstruation
- Nightmares
- Seizures
- Stomach aches
- Stomach / bowel problems
- Sinus trouble
- Sleepwalking
- Urinary tract infections
- Other:

Illnesses, disabilities, injuries or surgeries – (Please note any past or current):

MEDICATIONS

	Medication	Dose	Time of day required
1.			
2.			
3.			
4.			

All medications must be clearly labelled in their original container with written instructions.

HEALTH CARD:

Please place a photocopy of the campers' Ontario Health card here:

Front

Back

CONSENT

I hereby certify that the above information is correct. To the best of my knowledge, this camper is in good health and is physically able to participate in all camp activities. *I understand that should the camper be exposed to any infectious diseases four weeks prior to the camp session, I will notify the Camp Director at 1 (886) 220-2282.* Failure to do so jeopardizes both the health of the campers and the operation of the camp. I have checked my child for lice and have found him/her to be lice free, and understand that my child will be required to go home early if lice are discovered on him/her during the camp session. In enrolling this camper, I hereby agree to permit the Camp Nurse to administer such routine medications as she/he may deem advisable. In the event of an emergency, if the camp is unable to contact either parent/guardian, the Executive or Managing Director is hereby given permission to act on the parents'/guardians' behalf in signing permission for surgery or other special medical care as advised by a Medical Doctor.

Signature of Parent/Guardian

Relationship to camper

Date

*Please note that failure to identify **all** camper health concerns on this form, may render camper's registration void without refund.*