Camper Medical Form
Summer 2018

General Information

Camper's Last name:_____ First Name:_____ Gender:_____

Street Address:_____ City:_____ Prov:_____ Postal Code:_____

Birthdate: (dd/mm/yyyy)_____ Medical #:_____

Parent/Guardian:_____ Phone:_____

Parent/Guardian:_____ Phone:_____

Family Doctor:_____ Doctor's Phone:_____

Family Dentist:_____ Dentist's Phone:_____

Allergies & Dietary Restrictions

Does your child have any allergies? ☐ Yes ☐ No

Please list allergies, reaction type, and severity:_____

_____

_____

_____

Does your child require an EpiPen? ☐ Yes ☐ No
What is the EpiPen used for?_____

_____

Does your child have any dietary restrictions? ☐ Yes ☐ No
Explain:_____

_____

_____

Medications & Treatments

Will your child be taking any medications or require any medical treatments while at camp? ☐ Yes ☐ No

Medication/Treatment	Dosage	Time of Day	Reason for Treatment	Notes

Camp Sunrise maintains a small supply of over-the-counter medications such as Tylenol, Ibuprofen, Cough lozenges/syrup, creams or ointments, Benadryl, etc. If needed, may these over-the-counter medications be given to your child? ☐ Yes ☐ No

Is there anything we need to be aware of regarding your child and over-the-counter medication?_____

_____

_____

If any over-the-counter medications are sent to camp with your child, they must be in the original package with instructions included.

Immunizations

Is your child up to date with the following vaccinations?

☐ Chicken Pox (Varicella) Date: _____ ☐HPV Date: _____

☐Diptheria, Pertussis, Tetanus, Polio Date: _____ ☐ MMR Date: _____

If your child has not been fully vaccinated, please explain:_____

_____

_____

Health History

Has your child experienced, or is currently experiencing, any of the following conditions? Please give details in the space below.

☐ ADD/ADHD ☐ Asthma/Inhaler ☐ Bedwetting ☐ Behavioural Issues ☐ Blackouts/Fainting
☐ Concussion ☐ Developmental Delays ☐ Diabetes ☐ Ear Infections ☐ Eating Disorders
☐ Headaches ☐ Nightmares/Terrors ☐ Skin Problems ☐ Stomach Aches ☐ Urinary Tract Infections
☐ Breathing Issues/Coughing ☐ Other

_____

_____

_____

_____

_____

Has your child ever been hospitalized or had a serious injury? ☐ Yes ☐ No

Has your child had any operations? ☐ Yes ☐ No

Has your child had any of the following diseases? (Please explain below)

☐ Chicken Pox (Varicella) ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C ☐ Measles (German)
☐ Measles (Red) ☐ Mono (past 1 year) ☐ Mumps ☐ Rheumatic Fever ☐ Scarlet Fever
☐ Whooping Cough

_____

_____

_____

_____

Has your child been exposed to any communicable diseases within the last 3 months? ☐ Yes ☐ No

Explain:_____

Does your child have any restrictions on activity? ☐ Yes ☐ No

Explain:_____

Will your child require any special assistance while at camp? ☐ Yes ☐ No

Explain:_____

Does your child have any other medical, emotional or behavioural conditions that we should be aware of: (please attach additional pages if necessary)

_____

_____

_____

_____

Is there anything that you would like to discuss with the camp medical staff prior to your child's arrival:

_____

_____

_____

Waiver

If my child has a medical emergency, I give permission for the Camp Director (in consultation with camp medical staff) to refer my child to a hospital or medical centre for treatment and to transport my child to the medical facility.

Parent/Guardian name:_____ Signature:_____