

CAMP PONACKA CAMPER HEALTH FORM

Please complete BOTH sides !

Camper's Name: _____ Date of Birth: _____

Home Address _____

City _____ Postal Code _____ Phone (____) _____

Parents Names: _____ Parent's Cell (____) _____

Summer Address of parents: _____ Phone: _____

Health Insurance: I have attached a copy of both sides of my son's provincial health card _____
For Non-Canadians: I have attached a copy of my son's Out of Country health insurance _____ and a copy of the
attached physician jurisdiction agreement for non-Canadians _____

Immunization I have attached a copy of my son's immunization record _____
(Tetanus to be current must be within the past 10 years)

Allergies? None Penicillin/ Other Drugs Food Animals Bee Stings
 Other _____ Epipen required yes no. If yes, you must send along an epipen with your
son. If he comes to camp without an epipen, we will purchase one for him and charge his tuck account.

Type, Severity & Treatment of Reaction:

Asthma? yes no

Severity: _____
Triggers for attacks: _____
Medication: _____

Bed Wetting? yes no

Frequency: _____

Instructions for camp staff (waking, medications): _____

General Height _____ Weight _____

see reverse.....

Is your child currently on any other medications? yes no

Medication/Dosage/Frequency (please note any resulting food/activity restrictions): _____

If your child requires any special treatments, injections, or medications they should be brought to the camp infirmary upon arrival. The child's name, dosage and time of administration should be clearly labeled in a weekly pill dispenser.

Medical History

If the camper has had any of the following, please check:

chicken pox severe headaches hay fever sleep walking/ other sleep disturbances seizures nosebleeds sinus trouble fainting poison ivy recent skin infections

List details of other recent illness, operations, or injuries your son has had: _____

Additional Information

List emotional, physical concerns, ADD/ADHD, anxiety, depression or other information of use to the Doctor and Camp Directors.

Family Physician's Information

Physician's Name: _____ Telephone(_____)_____

If the need arises, I give permission to the camp physician to contact my son's physician.

Signature: _____

I understand and agree that the camp or its owners will not be held responsible for any illness, injury, or accident which may happen to the above-mentioned camper while at camp or en route.

To the best of my knowledge, my child is in good health and has not been exposed to any infectious diseases in the recent past. If he becomes exposed to any infectious disease between now and the time of departure for camp, I understand that the camp MUST be notified.

In case of a medical emergency, I understand that every effort will be made to contact the camper's parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, order injection, anesthesia or surgery for my child as named above.

Date: _____

Signature: _____