



CAMPER MEDICAL FORM

EAGLE BAY CAMPER

PLEASE COMPLETE, SIGN AND DATE A SEPARATE FORM FOR EACH CAMPER
FORM MUST BE TURNED IN

GENERAL:

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

PERSONAL HEALTH NUMBER: _____ DATE OF BIRTH: _____

DATES ATTENDING CAMP: _____

MALE/FEMALE: _____ DOCTOR'S NAME: _____

DOCTOR'S PHONE: _____

PARENT OR GUARDIAN:

FULL NAME: _____ ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TELEPHONE NUMBERS:

HOME: _____ WORK: _____ CELL: _____

EMERGENCY CONTACTS (PREFERABLY RELATIVES):

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

SPECIAL MEDICAL CONCERNS, PROBLEMS, OR RESTRICTIONS:

DO YOU HAVE:

ASTHMA: _____ DIABETES: _____ SEIZURES: _____

IF SO, HOW SEVERE, WHAT IS THE TREATMENT PROTOCOL AND IS THERE AN ACTION PLAN?

IF YOUR CHILD HAS DIABETES, IS IT TYPE 1 OR 2? WHAT IS THE TREATMENT PROTOCOL AND IS THERE AN ACTION PLAN?

LIST MEDICATIONS:

MEDICATION	REASON FOR MEDICATION	DOSE	TIME

ALLERGIC TO:

PENICILLIN _____ SULFA _____ ASPIRIN _____

OTHER _____

PLEASE STATE REACTION: _____

ANY FOOD ALLERGIES:

IF YES, EXPLAIN TO WHAT AND YOUR REACTION

SPECIAL DIET NEEDS:

IS BED WETTING AN ISSUE?

ABLE TO PURSUE ALL NORMAL ATHLETIC ACTIVITIES:

YES _____

NO (EXPLAIN) _____

ANY OTHER HEALTH CONCERNS:

IF CAMPER HAS HAD ANY OF THE FOLLOWING, PLEASE CHECK AND INCLUDE DATE OCCURRED:

_____ DIABETES	_____ OPERATIONS
_____ INSULIN	_____ EPILEPSY
_____ HAY FEVER	_____ MONONUCLEOSIS
_____ INFECTIOUS JAUNDICE/HEPATITIS	_____ H1N1
_____ ECZEMA	_____ HIV POSITIVE
_____ TUBERCULOSIS OR TB CONTACT	

CAMPER INFORMATION:

CAMPERS WISHING TO LEAVE EARLY MUST BE PICKED UP BY PARENT(S) WHO SIGN THIS HEALTH FORM. ANYONE OTHER THAN THE PARENT MUST HAVE WRITTEN PERMISSION SIGNED BY THE SAME PARENT WHO HAS SIGNED THIS FORM. THE CAMP RESERVES THE RIGHT TO REFUSE DISMISSAL WITHOUT PROPER IDENTIFICATION.

THE HEALTH HISTORY IS CORRECT AS FAR AS I KNOW. MY SON/DAUGHTER HAS PERMISSION TO ENGAGE IN ALL PRESCRIBED CAMP ACTIVITIES, EXCEPT AS NOTED BY ME AND THE EXAMINING PHYSICIAN AND HAS PERMISSION TO LEAVE THE CAMP GROUNDS FOR CAMP RELATED OUTINGS AND PURPOSES.

I UNDERSTAND THAT ALL MEDICINES, VITAMINS, ETC. MUST BE GIVEN TO THE CAMP NURSE/MEDIC UPON ARRIVAL AND THAT THEY MUST BE IN THE ORIGINAL CONTAINERS. ILLEGAL DRUGS, WEAPONS AND SIMILAR ITEMS ARE NOT PERMITTED AT CAMP. EAGLE BAY CAMP RESERVES THE RIGHT TO SEARCH FOR AND REMOVE SUCH ITEMS FROM ANYONE SUSPECTED OF POSSESSING THEM.

I HEREBY GIVE PERMISSION _____ DO NOT GIVE PERMISSION _____ FOR THE CAMP NURSE/MEDIC TO ADMINISTER OVER THE COUNTER MEDICATIONS TO MY CHILD PER MANUFACTURERS GUIDELINES.

CHILDREN'S TYLENOL: YES NO IBUPROFEN: YES NO

COUGH SYRUP (OVER THE COUNTER, WITHOUT CODEINE): YES NO

BENADRYL: YES NO GRAVOL: YES NO

I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONAL SELECTED BY THE CAMP DIRECTOR TO ORDER X-RAYS, ROUTINE TESTS AND TREATMENT FOR MY SON/DAUGHTER 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 FOR AND TO ORDER INJECTION, ANESTHESIA, AND/OR SURGERY FOR MY CHILD AS NAMED ABOVE. THIS FORM MAY BE PHOTOCOPIED FOR USE OUT OF CAMP. MY SON/DAUGHTER HAS PERMISSION TO ENGAGE IN ALL PRESCRIBED CAMP ACTIVITIES, EXCEPT THOSE NOTED BY ME AND THE EXAMINING PHYSICIAN AND HAS PERMISSION TO LEAVE THE CAMP GROUNDS FOR CAMP RELATED OUTINGS AND PURPOSES.

PARENT/GUARDIAN NAME (PLEASE PRINT): _____

DATE: _____

SIGNATURE: _____