



SMCSC Staff & Volunteer Medical Information and Instruction Form

This form must be submitted at the beginning of camp training and updates provided at each arrival to camp.

First name _____ Last name _____
 Date of birth _____ Sex M F
 Address _____

Emergency contact person:

Full name _____
 Tel. (h) _____ (w) _____ (c) _____
 MB health #s (6 digits) _____ (9 digits) _____
 Family doctor: _____ Tel: _____

Medication : yes none

Medication	Reason	Dosage	Time

Additional instructions or comments:

Allergies: yes none

Allergen	Reaction	Treatment

Other health related concerns, limitations, instructions or comments:

Medication Policy: All medication (except inhalers and EPIPENS), as well as any modifications to the "Camper Health Information" form MUST be submitted to the camp Care Bear upon arrival at camp. Medication must be in its **original bottle or packaging**. The Care Bear and staff administering medication are certified in Standard First Aid, but are not health care professionals. The nearest hospital is less than 15 minutes away by car. No medication (including non-prescription) will be administered without the verbal consent of a parent/guardian (along with written consent indicated below), unless under specific and individual orders of a physician.

I, _____ (Name, please print),

(PLEASE CHECK ALL AND SIGN):

- Will provide updates to this form as needed (see update slips).
- Have read, understand and agree with the 'Medication Policy'.
- I authorize camp staff to release the information on this form and approve emergency medical attention if I am unable to do so, including hospitalization, anesthesia, surgery or injections of medication when ordered by professional medical staff.

Date: _____ Signature: _____

Date: _____ Parent/guardian Signature: (if under 18) _____



SMCSC Staff & Volunteer Medical Information and Instruction Updates

This slip must be submitted to the camp Care Bear if changes occur to the information originally submitted.

First name _____ Last name _____

Change of information:

Date _____ Signature _____



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SMCSC Staff & Volunteer Medical Information and Instruction Updates

This slip must be submitted to the camp Care Bear if changes occur to the information originally submitted.

First name _____ Last name _____

Change of information:

Date _____ Signature _____



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SMCSC Staff & Volunteer Medical Information and Instruction Updates

This slip must be submitted to the camp Care Bear if changes occur to the information originally submitted.

First name _____ Last name _____

Change of information:

Date _____ Signature _____