

Camper Health Information Form: Camp # _____

(Please send health information form with Camper registration. Information must be updated within 7 days before the first day of camp. If you will not be the one dropping off your child/ward, you are asked to make a copy of the completed form and fax in the updated copy.)

Identification

Name: _____ Date of birth: _____ Age: _____ Sex: _____

Name of parent or guardian (not applicable for adult participants): _____ Telephone: _____

If person named above is not available in the case of an emergency, notify (optional for adult participants)

Name: _____ Relationship: _____ Telephone: _____

Family Manitoba Health no. (6 digit): _____ Personal Health no. (9 digits): _____

Family Doctor: _____ Telephone: _____

Health Information

Allergies:	Allergen	Reaction	Treatment

Other health conditions: (check and explain if helpful)

- Asthma Sinus infection Diabetes
- Convulsions/Seizures Dizziness, lightheadedness or fainting associated with exercise:
- Physical pain (i.e. chronic muscle or joint pain, frequent headaches, stomachaches, earaches, etc)
- Other: _____

Explanation: _____

Medications while attending camp

Include prescription and **non-prescription medications**- i.e. for allergies, pain relief (Tylenol, Advil, Midol)

Name of Medication	Reason	Dosage	Time of day (or as needed)

Does the camper have emergency medication (i.e. EpiPen, inhaler) that (s)he must carry at all times?

Yes No Specify: _____

Additional instructions and/or comments for camp "Care Bear" or health-care professional (i.e. side-affects)

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 to 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.

Parent/guardian or adult participant consent for release of information, medical treatment and medication management

I, _____ (Name, please print), the parent/guardian or adult participant (**PLEASE CHECK ALL AND SIGN**):

- Will revise the above health information within 7 days of the commencement of camp. The revised form can either be: 1) Signed, dated and faxed to the CSE within that time period. (I will make a copy of the completed form and initial all changes if I plan to fax the updated form) 2) Reviewed, updated and signed on arrival day in St Malo.
- Have read, understand and agree with the 'Medication Policy'.
- Permit camp staff to administer other medications (ex: pain relievers, cough/cold medications) if needed, as per my verbal instructions.
- Understand that, except in the case of minor illness and/or first aid, all attempts will be made to contact me regarding medical decisions and treatment (including treatment of campers aged 16 to 18 minus a day) of my child/ward. However, I authorize camp staff to release the information on this form and approve emergency medical attention including hospitalization, anesthesia, surgery or injections of medication for the camper (or myself, if adult participant) when ordered by professional medical staff.

Date: _____ Signature: (parent/guardian or adult participant) _____

Confirmation of Revision- to be completed within 7 days of the beginning of camp:

Please check one:

- All information on the original form is up to date.
- I have made changes to the health information for my child/ward and initialed all changes.

Date: _____ Signature (parent/guardian or adult participant): _____