



Camper Medical Form Summer 2016

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? _____

Immunizations

Is your child up to date with the following vaccinations:

Chicken Pox (Varicella) Diptheria, Pertussis, Tetanus, Polio HPV MMR

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: _____