

Outdoor Education Medical Form 2018



Camper Name (legal birth name):	Date of Birth:	Gender: M / F
Permanent Address:	Home Phone :	
Parent Name:	Work Phone:	
Parent Email:	Alternate Phone:	

Dietary Restrictions (please tick all that apply):

<input type="checkbox"/> None	<input type="checkbox"/> Vegan	<input type="checkbox"/> Celiac
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> No Pork	<input type="checkbox"/> Gluten Free
<input type="checkbox"/> Lactose Intolerant	<input type="checkbox"/> No Red Meat	<input type="checkbox"/> Other _____

Allergies: Indicate severity & triggers (airborne, contact or Ingestion) – in the case of a SEVERE allergy, please provide a personal emergency management plan & history of previous reactions.

<input type="checkbox"/> None	<input type="checkbox"/> Bee Stings
<input type="checkbox"/> Foods _____	<input type="checkbox"/> Medications
	<input type="checkbox"/> Other: _____

Medical Insurance Information for (CANADIAN CAMPERS)
Provincial Care Card #:

Required Credit Card Information: (INTERNATIONAL CAMPERS)

In case medical care/prescription is needed by the camper, the family will be billed directly for any health/hospital services which they can then claim through their insurance:

Credit Card #: (Visa/MC/Amex):

Expiration Date: _____

Cardholder's Name: _____

****Note that all personal information is kept in strict confidence**

Does your camper carry an Epi-Pen? YES NO

Please Describe: _____

Immunization: Please check if immunization is current

Diphtheria _____ (Date)	Pertussis _____ (Date)	Polio _____ (Date)	Measles _____ (Date)	Tetanus _____ (Date)
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Health History: Indicate medical issues for which your child has been diagnosed/treated (*Note that a physical exam by your doctor is not required)

<input type="checkbox"/> Glasses/Contact Lenses	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bleeding/Clotting Disorders	<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Urinary Tract Infections	<input type="checkbox"/> Asthma
<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> Heart Problems/Defects	<input type="checkbox"/> Phobias (provide details)	<input type="checkbox"/> Autism
<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Seizure Disorders	<input type="checkbox"/> Behavioural Issues (provide details)	<input type="checkbox"/> ADD or ADHD

Other significant medical problems requiring full awareness of camp staff (Please provide details & attach a separate page if necessary)

Please indicate all medications and non-prescription medicines that your child will be bringing to camp.

**** We ask that families refrain from placing their child on a "medication holiday" while here at camp as this often results in difficulty adjusting, withdrawal symptoms, confusion and behaviour difficulties. Campers treated with medication for behavioral or emotional difficulties usually benefit from continued medication so we ask that all medications be brought to camp and discussed with our health care staff upon arrival for your child's sustainable wellbeing throughout the camp session. If a medication holiday if something you would really like to do, this must be discussed with us beforehand****

Medical Permission Statement: To the best of my knowledge, the child herein described is in good health, free of communicable disease, and physically able to participate in all camp activities, except as noted above. In case of medical and/or surgical emergency, and I am not immediately available for consultation, I hereby give permission to the physician, staff & or nurse selected by the camp director, to secure proper treatment (i.e. hospitalization, injections, transfusions, anaesthesia, or surgery as appropriately required) for my child as named above.

I certify that the above information is accurate, and that I concur with the statements as described

Signature: _____ **Date:** _____