Outdoor Education Medical Form 2017

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):

- ☐ None ☐ Vegan ☐ Celiac
- ☐ Vegetarian ☐ No Pork ☐ Gluten Free
- ☐ Lactose Intolerant ☐ No Red Meat ☐ 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.**

- ☐ None
- ☐ Foods _____
- ☐ Bee Stings
- ☐ Medications
- ☐ Other: _____

Does your Camp carry an Epi-Pen? ☐ YES ☐ NO

Please Describe: _____

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

Immunization: Please check if immunization is current

Diptheria _____ (Date) **Pertussis** _____ (Date) **Polio** _____ (Date) **Measles** _____ (Date) **Tetanus** _____ (Date)

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

☐ Glasses/Contact Lenses	☐ Bedwetting	☐ Bleeding/Clotting Disorders	☐ Nosebleeds
☐ Ear Infections	☐ Diabetes	☐ Urinary Tract Infections	☐ Asthma
☐ Migraine Headaches	☐ Heart Problems/Defects	☐ Phobias (provide details)	☐ Autism
☐ Sleep Walking	☐ Seizure Disorders	☐ Behavioural Issues (provide details)	☐ 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:** _____