



# 2020 MEDICAL INFORMATION

Please indicate your child's camp

2-3 Year Old  4-11 Year Old

## Camper

Camper's Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of June 1, 2020 \_\_\_\_\_  
*month/day/year*

Previous Camps Attended: \_\_\_\_\_

Siblings at Camp: \_\_\_\_\_

## Parent/Guardian

### Primary Contact:

Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Secondary Contact:

Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**If custody arrangements exist please include a note explaining the situation as it pertains to the child at camp.**

If a parent or guardian is not available, in case of emergency please contact:

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

# Medical

Camper's Name: \_\_\_\_\_

Health card number: \_\_\_\_\_ Doctor: \_\_\_\_\_

*(optional)*

## Please mark the answer as it pertains to your child:

Fully immunized

*If no please attach an exemption forms*

Yes

No

Prone to stomach aches

Yes

No

Asthma

Yes

No

Seizures

Yes

No

Allergies

*Please submit the Allergy Information Form with a picture of your child*

Yes

No

Carry an Epi Pen

*If your child carries an Epi Pen please submit the Allergy Information Form with a picture of your child.*

Yes

No

Is your child on any regularly scheduled medications?  Yes  No

*In the event that the camp will be administering medication please provide the original container with dosage instructions to the camp office on your child's first day at camp.*

For severe medical conditions such as diabetes, heart conditions, epilepsy etc. please include a letter explaining the child's condition and include a photo of your child.

Is your child able to participate in all physical activities at camp?  Yes  No

If no please explain:

Does your child have behavioural or emotional challenges that might affect their ability to relate to staff and/or campers?  Yes  No

If yes please explain:

Does your child have any special needs, anxiety or fears about attending camp?  Yes  No

**To expand on this information or if there is more that you would like us to know about your child as it pertains to camp please include a separate note with your camp forms and/or contact the camp office.**

*To the best of my knowledge this child is in good health and is physically able to participate in all camp activities unless previously indicated. I will notify the camp if there is any change to the child's medical condition prior or during camp.*

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_