CAMPER HEALTH & MEDICAL INFORMATION 2018

Return form to jeanette@ecmcamps.ca before camp begins.

Camper Name: _____ ☐ Male ☐ Female Birthdate _____
Year/Month/Day

Check Camp Session Attending:

☐ Scamps & Champs August 5-11 ☐ Jr. Teen August 12-18 ☐ Sr. Teen August 19-25

Family Contact Information in case of Emergency:

1st Contact _____ Relationship _____ Phone # _____ Alternate # _____
2nd Contact _____ Relationship _____ Phone # _____ Alternate # _____
3rd Contact _____ Relationship _____ Phone # _____ Alternate # _____

Campers Date of Birth: Month _____ Day _____ Year _____ Age at Camp: _____

Weight: KG _____ or LB _____

Name of Family Doctor _____ Phone # _____

Health Card Number _____ Version Code: _____

Immunization History: Is camper up to date with immunizations? Yes__ No _ If not, please explain why: _____

_____

_____

Please provide dates if possible.

MMR (Measles, Mumps, Rubella) _____ DtaP (Diphtheria, Tetanus, Pertussis, Polio) _____

Men-C-ACYW (Meningococcal Conjugate) _____ Hepatitus B _____

Varicella (Chicken Pox) _____ Hib (Haemophilus Influenza type B) _____

Please check conditions that apply.

- ☐ ADHD
- ☐ Asthma
- ☐ Autism Spectrum Disorder
- ☐ Bedwetting
- ☐ Behavioral Issues
- ☐ Diabetes
- ☐ Eating Disorder
- ☐ Epilepsy
- ☐ Fainting/Dizziness
- ☐ FASD
- ☐ Frequent Ear Infections
- ☐ Frequent Headaches
- ☐ Frequent Nosebleeds
- ☐ Frequent Stomach Aches
- ☐ Hearing Difficulties
- ☐ Heart Condition
- ☐ Hepatitis
- ☐ Homesickness
- ☐ Kidney Disease
- ☐ Learning Disability
- ☐ Mental Health Concerns
- ☐ Nightmares/Night Terrors
- ☐ Sight Difficulties
- ☐ Skin Condition
- ☐ Sleepwalking
- ☐ Other: _____

Allergies

- ☐ Bee Sting
- ☐ Drug _____
- ☐ Environmental _____
- ☐ Food _____
- ☐ Other _____

_____

- ☐ Carries Epipen*

***Two Epipens must be supplied to the camp; one to stay with the camper and one be held in the Health Centre.**

Please give important details of any conditions that were checked or anything not on the list. Include any details that would help us care for your child better. Please attach a separate page if necessary. _____

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FOOD ALLERGY/SENSATIVITY POLICY: We strive to create a safe environment for all campers. We will make every effort to ensure that your child does not come into contact with any foods that they are allergic to. We are not a nut/peanut free environment. We do keep nut and peanut products out of our kitchen and tuck shop however some products "may contain or have come into contact with nuts or peanuts." Our goal is to help campers self-manage their condition. Their safety is our priority. We ask that if the camper requires food substitutes, they bring them along with them. We are unable to supply specialty items (ie. gluten free, dairy free).

Will the camper be bringing any food items? No___Yes ___ Please give details_____

_____

_____

_____

MEDICATION INFORMATION:

Medication refers to any substance an individual takes to improve their health and well-being. This includes prescription medications, vitamins and supplements, natural remedies, and over the counter medications.

Does the camper normally take any medication on a regular basis? Yes___ No _____

Will the camper be taking medication while at camp? Yes___ No_____

We require all medications to be in the original pharmacy containers with labels which indicate the camper's name, dose, how and when the medication should be taken. Provide enough of each medication to last the entire time the camper will be at camp. Any outdated medications or those not in their original containers will not be administered to any camper while they are in the care of Evergreen Christian Ministries. All medications must be handed in to the camp nurse upon arrival.

Name of medication	How long has camper been on medication	Reason for taking it	Times it is given	Dose or amount	How is it given

Please provide any additional information about the camper's health that we should be aware of. Include any special treatments, recent injuries or illnesses, or considerations regarding the care of the camper. Please attach additional information if needed. _____

_____

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CONSENT TO TREATMENT:

- To the best of my knowledge, my child is in good health. If my child becomes exposed to any serious/infectious diseases (this includes head lice) within four weeks of attending camp, I will notify the Mishewah Camp Director.
- In case of surgical emergency and I am not available for consultation, I hereby give permission to the physician selected by the Camp Director or designate to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child.
- I give permission for Camp Nurse and trained personnel to administer stock medications that are approved by a physician in case of minor injury, and/or illness during my child's stay at Mishewah.
- I also give permission for the Camp Nurse and trained personnel to provide Standard First Aid to my child as appropriate.
- I give permission for the Camp Nurse and trained personnel to administer medications provided by me as per indicated on the above Health & Medical Form.
- I give permission for Epinephrine to be administered to my child in case of an anaphylactic (life-threatening allergic) reaction.
- I agree that all the information given on this Camper Health & Medical Form is correct and complete.
- By signing, I agree to pay all health related expenses and treatments not covered by the Provincial Health Plan (ie. lice treatments, medications, dressing supplies, casts, etc.)

Every effort will be made to contact the parents/guardians before any major treatment is administered.

Print Parent/Guardian Name_____ Signature_____ Date _____

Sr. Teen Campers 18 years or older, print name here _____Signature _____Date _____