

# CAMP TULAHEAD 2010 CAMPER MEDICAL INFORMATION

Please complete this form no earlier than one week prior to the start of your child's camp and send it with them on the first day of camp. Medical forms received before the start of your child's camp will be discarded. We require up to date information to provide the best medical care for your child. We appreciate your cooperation in this matter. Thank you!

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Camp Date Attending \_\_\_\_\_

Street Address \_\_\_\_\_ Birthdate (MM-DD-YY) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Are you planning on being away during the camp session? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'yes', whom may we contact in case of an emergency? \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Camper's Medical # \_\_\_\_\_ Doctor's Name \_\_\_\_\_ Doctor's Phone # (\_\_\_\_) \_\_\_\_\_

**ALLERGIES:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Drugs _____                    | <input type="checkbox"/> Insect stings or bites _____ | <input type="checkbox"/> Animals _____ |
| <input type="checkbox"/> Seasonal (e.g. hayfever) _____ | <input type="checkbox"/> Foods _____                  | <input type="checkbox"/> Other _____   |

Please describe reactions and treatments for any allergies.

Please check if camper carries  Epipen  Medical Alert bracelet  Inhaler

**GENERAL HEALTH ISSUES:**

Please indicate if any of the following conditions apply to the camper.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Ear Aches  | <input type="checkbox"/> Seizures         | <input type="checkbox"/> Attention Deficit (ADD) |
| <input type="checkbox"/> Skin Conditions  | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Homesickness            |
| <input type="checkbox"/> Sinus Infections   | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Sleepwalking            |
| <input type="checkbox"/> Sore Throat  | <input type="checkbox"/> Bronchitis       | <input type="checkbox"/> Bedwetting*             |
| <input type="checkbox"/> Head Aches   | <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Emotional Concerns      |
| <input type="checkbox"/> Stomach Aches  | <input type="checkbox"/> Arthritis        | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Asthma (please indicate below whether or not camper must carry inhaler at all times) |   |  |

Please explain extent of health issues \_\_\_\_\_  
issues checked above and \_\_\_\_\_  
treatments given.

Are all required immunizations current?  Yes  No

Please list any food restrictions. (other than allergies listed) \_\_\_\_\_

Please list any recent illnesses, injuries, or operations. \_\_\_\_\_

Please list any activity that should be limited while at camp and why. \_\_\_\_\_

\*Please send extra sheets and if you choose to send a sleeping bag instead please be advised that it may not survive the washing machine process.

**MEDICATIONS:**

Please list any medications that the camper is currently taking and bringing to camp, using the table below. **Medication MUST be in original bottle or blister pack (talk to your local pharmacist for details).** Camper's name, name of medication, and dosage information must be clearly visible. Campers are not permitted to keep any medications in their cabins.

Prescription Medication	Dosage	Time of day		As Needed Medication	Dosage	Reason for giving

Does the camp's medical personnel have your permission to administer over-the-counter medications to your child, as required? (such as Tylenol, antihistamine, antacid, etc.)  Yes  No

**Parent's or Guardian's Declaration:**

I hereby release the Camp Tulahead Society, its board members, staff and sponsors, from responsibility and liability for any injury or illness that my son/daughter may sustain during activities. I understand that every effort will be made to contact the parents/guardians listed on this form in the event of an emergency. If I am unable to be contacted, I hereby authorize an adult leader of Camp Tulahead to transport or arrange transportation of my named child to the nearest suitable medical facility. I understand that the camp is to be considered an outpost first-aid station and as such it may not be equipped to deal with certain medical problems. I authorize an adult leader of Camp Tulahead, as an agent for me, to consent to any x-ray examination; medical or dental treatment; and hospital care advised and supervised at a licensed facility under the laws of the province. I understand that I am financially responsible for any emergency medical and/or dental care given. I understand that certain information on this medical form may be shared with staff members in order to ensure the safety of the camper.

Signature: \_\_\_\_\_ Name (please print clearly): \_\_\_\_\_ Date: \_\_\_\_\_