2019 Camper Health Form

Medeba SUMMER CAMP

Camper Personal Information

Name:_____ Dates Attending:_____

Address:_____ City/Town:_____

Province:_____ Postal Code:_____ Date of Birth:_____,_____,_____ Gender: M F

Health Card Number:_____ **Version Code**:_____ **Expiry Date**: _____

Emergency Contacts

Parent/Guardian :_____ Relationship to Camper: _____ Phone: (____)_____

Parent/Guardian/Other:_____ Relationship to Camper: _____ Phone: (____)_____

Camper Health History

Please check if a camper had or is currently experiencing any of the following:

___ADD or ADHD
___ Asthma
___Autism Spectrum Disorder
___Bedwetting
___Chicken Pox
___Ear Infections
___Epilepsy/Seizures
___Fainting/Dizziness
___Headaches (frequent)
___Heart Condition
___Hepatitis
___Homesickness
___Measles
___Mental Health Concerns
___Mumps
___Nosebleeds (frequent)
___Recent Hospitalization
___Rheumatic Fever
___Skin Conditions (ex. eczema)
___Sleep Walking/Trouble
___Stomach Aches (frequent)

___Other_____

If your child has had any of the previous, please give details as needed. Does it affect their ability to participate in any camp activities? If so, how?_____

_____

Over the Counter Medications

Please check off any over the counter medications that your child **CAN** take if needed. **These medications are provided by the Health Centre, so campers do not need to bring their own.** All medication dosages are given according to age and are given as per standing orders by a physician.

☐ Advil (Ibuprofen)
☐ Gravol (Dimenhydrinate)
☐ Cough Syrup (Dextromethorphan Hydrobromide)
☐ Tylenol (Acetaminophen)
☐ Throat Lozenge (Hexylresorcinol)
☐ Cold & Sinus (Pseudoephedrine Hydochloride)
☐ Pepto-Bismol (Bismuth Subsalicylate)
☐ Benadryl (Diphenhyramine Hydrochloride)

Camper Allergies

	Yes	No	
Food	☐	☐	_____
Drugs	☐	☐	_____
Insects	☐	☐	_____
Environmental	☐	☐	_____

MANDATORY:

For allergies that are life-threatening or require an epi-pen, **TWO pens must be supplied**. One epi-pen must be kept on the camper's person at all times. The other will be kept in the Health Centre.

next page ⟶

Medications

Please list the medications (including vitamins) that the camper will be taking while at camp. All medications (including prescription, over the counter, and homeopathic) are to be kept in the Health Centre and administered by Medeba staff with the exception of inhalers and epi-pens which may be kept on the camper's person. If medications are administered by injections, the camper must be able to self-administer with supervision. (Please see the above list of over the counter medication supplied by the Health Centre).

Please note that all vitamins and medications MUST BE IN THEIR ORIGINAL PHARMACY CONTAINERS in order to be administered.

Medication	Dosage	Time Administered
_____	_____	_____
_____	_____	_____
_____	_____	_____

Immunization History

Up to Date? ☐ **YES** ☐ **NO** Please provide dates if possible below:

DTaP (Diptheria, tetanus, pertussis, polio): _____ Hib (Haemophilus influenza type B):_____

Hepatitus B: _____ Men-C:_____ MMR (Measles, Mumps, Rubella): _____

Varicella:_____ Flu Shot:_____

Additional Information

Please provide in the space below any additional information about the camper's health that we need to be aware of. Please include any special treatments, recent injuries or illnesses, or any considerations regarding care of the camper. Please attach additional information if needed.

_____

_____

_____

_____

If the camper requires any treatments or procedures (ie. dressings), all necessary supplies are to be sent with the camper.

Consent to Treatment

(Please note: This section must be *read* and *signed* by a parent/guardian in order for the child to remain a camper at Medeba.)

-To the best of my knowledge, my child is in good health. If my child becomes exposed to any serious/ infectious disease within four weeks of attending camp, I will notify Medeba.

-In case of surgical emergency and I am not available for consultation, I hereby give permission to the physician selected by the Summer Camp Director or designate to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child.

-I give permission for Summer Camp Health Personnel 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 Medeba. I may request this list of stock medications and specify medication not to be given.

- I also give permission for Summer Camp Staff to provide Standard First Aid to my child as appropriate.

-I give permission for Summer Camp Health Personnel and trained personnel to administer medications provided by me as per indicated on this form.

-I give permission for Epinephrine to be administered as ordered by physician to my child in case of an anaphylactic (serious allergic) reaction.

-I agree that all the information given on this form is correct and complete.

-By providing my personal information and signing the form, I understand and agree with Medeba's privacy policy as outlined at https://medeba.com/about-us/public-policies/privacy/

-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, etc.)

Parent/Guardian Signature_____ **Date**_____