

# Sample REGISTRATION / MEDICAL FORM

Please complete and return to \_\_\_\_\_ immediately.

**Important note to parent(s)/guardian(s): please remember to sign the back of this form** ↔ ↵

## PERSONAL INFORMATION - please print

**Student Name** \_\_\_\_\_ Boy  Girl  **CARE CARD #** \_\_\_\_\_

Address \_\_\_\_\_

Birth Date: d \_\_\_\_ m \_\_\_\_ y \_\_\_\_ Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

In Emergency, please contact:

\* Parent/guardian \_\_\_\_\_ Phone: H \_\_\_\_\_

W \_\_\_\_\_

\* If parent/guardian unavailable \_\_\_\_\_ Phone: H \_\_\_\_\_

W \_\_\_\_\_

## ALLERGY PROFILE

The student has:

- no known allergies
- known allergies (please complete the following chart)

Allergic to: (please specify)	Reaction (please specify)	Severity (mild, medium, severe)	Treatment/medication required
a) medication:			
b) foods:			
c) insects:			
d) environmental:			
e) other:			

**If any allergies are severe:**

- A/ does the student carry an  epipen  
 B/ does the student know how to use an  epipen?

**DIETARY RESTRICTIONS** - other than food allergies indicated on the allergy profile (i.e. vegetarian, vegan etc..)

## TETANUS VACCINE

Is the student's tetanus immunization up to date?  yes  no

If no, please have the student immunized prior to coming to camp

If yes, circle last year immunization was given: 99 2000 01 02 03 04 05 06 07 08

**INDICATE if the student is subject to the following by marking the appropriate box (  )**

- ADD             bed wetting             diabetes             headaches             migraines             stomach upset
- ADHD             bronchitis             ear trouble             kidney trouble             seizures             tonsillitis
- asthma             colds  emotional upset             menstrual cramps             sleep walking
- other (please specify) \_\_\_\_\_

**Please give a brief description of the student's condition. What is an expected norm for him/her?**

**OTHER INFORMATION**

Are there any other medical details, recent injuries, significant illnesses, or limitations that the medical attendant should be aware of?

**MEDICATIONS**

All medications, including all "over the counter" medications (e.g. Tylenol, antihistamines, lactaid, etc.) must be given to the medical attendant or teacher on departure day. Medications must be in their original containers; labeled with the student's name, name of drug, dosage and any other necessary information.

- |   |   |
|---|---|
| <p><b>1. Name of Drug</b> _____</p> <p>Dosage _____</p> <p>Reason prescribed _____</p> <p>Administration times _____</p> <p>_____</p> | <p><b>2. Name of Drug</b> _____</p> <p>Dosage _____</p> <p>Reason prescribed _____</p> <p>Administration times _____</p> <p>_____</p> |
| <p><b>3. Name of Drug</b> _____</p> <p>Dosage _____</p> <p>Reason prescribed _____</p> <p>Administration times _____</p> <p>_____</p> | <p><b>4. Name of Drug</b> _____</p> <p>Dosage _____</p> <p>Reason prescribed _____</p> <p>Administration times _____</p> <p>_____</p> |

**FOR YOUR INFORMATION**

- Should a student require a physician while they are at camp, there is access to a medical clinic and a hospital in Hope (approximately a 15 minute drive by car).
- Should the student incur costs such as prescriptions, feminine hygiene products, etc., the costs will be passed on to you at pick-up time.

**CONSENT**

In the event of a minor medical occurrence, I give my approval for common "over the counter" preparations, such as Tylenol or antihistamines, to be provided at the discretion of the Medical Attendant. I also authorize the Medical Attendant to seek all necessary medical attention, in the event that the emergency contact person cannot be reached.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_