

CAMP SQUEAH STAFF MEDICAL FORM

Please complete and mail to Camp Squeah immediately
#4 – 27915 Trans-Canada Hwy, Hope BC, V0X 1L3

Name: (as on care card) _____ **Birth Date:** d _____ m _____ y _____

Address: _____

Care Card #: (mandatory) _____ **Phone:** _____

Family Doctor: _____ **Doctor's Phone:** _____

In Emergency,
First Contact: _____ **Phone: H** _____

W/C _____

Second Contact: _____ **Phone: H** _____

(if first contact unavailable) W/C _____

Medication: If you are bringing **any** medication with you to camp, it must be stored with the camp First Aid Attendant:

Name of Medication: _____ Dosage: _____

Reason Prescribed: _____

Tetanus: Is Tetanus shot up to date (within last 10 years)? **Yes** **No**
(If not, please have it done before camp.)

Special Dietary Restrictions, please be specific:

Allergies and Reaction:

Information: Is there any other medical information, significant illnesses, or limitations that the Chief First Aid Attendant or Program Director should be aware of?

In the event of a minor medical occurrence, I/WE give permission for common "over the counter" preparations, such as Tylenol or antihistamines to be provided at the discretion of the First Aid Attendant.

I/WE further authorize the Director and/or Camp First Aid Attendant to seek all necessary medical attention in the event that the emergency contact person cannot be reached.

Staff Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(if under 19)