

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: _____
Address: _____	
Care Card #: (mandatory) _____	Phone: _____
Family Doctor: _____	Doctor's Phone: _____
In Emergency, First Contact: _____	Phone: Primary _____ Alternate _____
Second Contact: _____ (if first contact unavailable)	Phone: Primary _____ Alternate _____

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)