



Summer Camp Medical Form 2022

Please complete and submit to Camp Squeah immediately
Mail: Attn Registrar; #4 -27915 Trans-Canada Highway, Hope BC, V0X 1L3
Email: registrar@squeah.com; Fax: 604-869-5364; Phone: 604-869-5353

Important note: please remember to also sign the separate consent form

Name: _____ <small>(As on Health Card/Insurance)</small>	Birth Date: _____ <small>(yyyy/mm/dd)</small>
Address: _____	Phone: _____
Care Card / Health Ins. #: _____ <small>(Required)</small>	Provider: _____ <small>(Required if NOT BC MSP)</small>
Family Doctor: _____	Dr's Phone: _____
In Emergency, First Contact: _____ <small>(Parent or Guardian)</small>	Phone: _____ <small>(Primary)</small>
	_____ <small>(Alternate)</small>
Second Contact: _____ <small>(If First Contact Unavailable)</small>	Phone: _____ <small>(Primary)</small>
	_____ <small>(Alternate)</small>

Medications: All medications, including "over the counter" medications (e.g. Tylenol, antihistamines, Lactaid, etc.) must be stored with First Aid Attendant. Medications must be in their original containers; labelled with the patient name, name of medication, dosage, etc.

Medication Name	Reason prescribed	Dosage

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

COVID-19: Camp Squeah abides by all public health guidelines required for summer camps in regards to infectious illness, including COVID-19. Campers with symptoms of illness will not be permitted to attend camp. Please check our website for the latest updates: www.squeah.com/camps.

Allergies (Medications, Environmental, Food, and Other) and Reaction:

Special Dietary Restrictions:

None Vegetarian Gluten Free Dairy Free

Other (please be specific, you may be required to supplement your meals from home)

Information: Please provide any other information that would be helpful for the First Aid Attendant or Program Director to provide adequate care including medical, illness, physical limitation, behavior, or mental health related.

Signature (Parent/Guardian if under 19): _____ **Date:** _____
(any updates to information on this form can be noted upon arrival)