



Summer Camp Medical Form 2017

Please complete and mail to Camp Squeah immediately
Attn: Registrar; #4 -27915 Trans-Canada Highway, Hope BC, V0X 1L3
(any updates to information on this form can be noted upon camper's arrival)

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

Personal Information (please print)

Camper Name _____ (Boy Girl)
 Care Card # _____ Birth Date (dd/mm/yyyy) _____
 Camp name & date _____
 Address _____
 Family Doctor _____ Doctor's Phone _____

In Emergency, please contact:

Parent/guardian: _____
 Phone: H _____
 W _____
 If parent/guardian unavailable: _____
 Phone: H _____
 W _____

Allergy Profile

The camper has: no known allergies known allergies (please complete the following chart)

Allergic to	Reaction and Severity	Treatment/medication required
Medication		
Insects		
Environmental		
Other		

If any allergies are severe

a) Does the camper carry an epipen? No Yes b) Does the camper know how to use an epipen? No Yes

Dietary Restrictions and Food Allergies – please share all information that our kitchen would need to be aware of.

Vaccinations

Is the camper's tetanus immunization up to date?: **No** (If no, please have your camper immunized prior to coming to camp)
Yes Please state the year the shot was given: _____

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

bed wetting diabetes headaches migraines stomach upset sleep walking asthma menstrual cramps
 Bronchitis tonsillitis ear trouble colds kidney trouble homesickness other: _____

Has your child recently been exposed to lice or an environment where lice were known to be prevalent? No Yes

Has your child been checked and/or received treatment for lice recently? No Yes

Has your child recently been exposed to bed bugs or an environment where bed bugs were known to be prevalent? No Yes

Camp Squeah's Lice & Bed Bug policy

For everyone's safety and comfort, children who have lice or bed bugs will not be permitted to attend camp until treated. If they arrive and are found to have lice they will receive our lice treatment as per our lice-be-gone policy. Please contact Squeah for information and assistance.

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

- | | | |
|--|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Tourettes Syndrome | <input type="checkbox"/> History of physically aggressive behaviour |
| <input type="checkbox"/> FASD or within the spectrum | <input type="checkbox"/> Blind or vision impaired | <input type="checkbox"/> History of verbally aggressive behaviour |
| <input type="checkbox"/> OCD | <input type="checkbox"/> Deaf or hearing impaired | <input type="checkbox"/> History of anger/sadness management |
| <input type="checkbox"/> ODD | <input type="checkbox"/> Mute/unable to speak at all | <input type="checkbox"/> Unnaturally difficult behaviour/attitude |
| <input type="checkbox"/> Autistic/Aspergers syndrome | <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Emotional instability/sensitivity |
| <input type="checkbox"/> Seizures/Epilepsy | <input type="checkbox"/> Learning related vision problems | <input type="checkbox"/> Recent traumatic experience (ie. death in the family, abuse, etc.) |
| <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> Chronic mental disorders/psychoses | <input type="checkbox"/> Difficulty speaking/understanding English |

If you have checked any of these boxes please elaborate in the space below and contact Camp Squeah's Program Director (604 869 5353 ext. 105) to help you and your camper to have the best possible experience this summer. Failure to honestly communicate ALL BEHAVIOUR CONCERNS may result in the camper being asked to leave the camp.

Other Information

Are there any other medical details, recent injuries, significant illnesses, or limitations that the medical attendant should be aware of? For example, does the camper have or been exposed to any concerning communicable disease that might present an issue with their participation at camp? (Hepatitis, Tuberculosis, HIV, etc.)

Medications

All medications, including all "over the counter" medications (e.g. Tylenol, antihistamines, Lactaid, etc.) must be given to our medical attendant at registration time. Medications must be in their original containers; labelled with the camper's name, name of drug, dosage and any other necessary information.

1. **Name of Drug** _____

Dosage _____ Reason prescribed _____

Administration Times _____

2. **Name of Drug** _____

Dosage _____ Reason prescribed _____

Administration Times _____

For Your Information

- Should your child require a physician while they are at camp, we have access to a medical clinic and a hospital in Hope (approximately a 15 minute drive by car).
- If your child has need of professional medical attention or any serious medical need, you will be contacted by our Camp Medical Attendant to be made aware of the situation and well-being of the camper.
- Should your camper incur costs such as prescriptions, feminine hygiene products, etc., we will pass those 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, Polysporin or antihistamines, to be provided at the discretion of the Camp Medical Attendant. I also authorize the Director or the Camp Medical Attendant to seek all necessary medical attention, in the event that the emergency contact person cannot be reached. I further release Camp Squeah and its personnel from all claims and damages arising from any accidents or injuries occurring while my child is at Camp Squeah.

I/we hereby **DO NOT** authorize Camp Squeah to use any photographs, video, audio, written or other media taken of our son/daughter while participating in Camp Squeah programs for brochure and promotional materials.

Signature of Parent/Guardian _____ **Date** _____

Additional

In order to better serve our campers and the communities from which they come, Camp Squeah would like to know:

Where did you get your camper brochure from? _____

What is the name of your home church? (If applicable) _____

Behaviour expectations and conditions of enrolment

1. Camp Squeah reserves the right to dismiss any camper who constitutes a hazard to the safety and rights of others, or demonstrates that s/he has rejected the reasonable controls and supervision of the camp staff. 2. Conditions of custody, if applicable, must be fully communicated in writing to the camp, including a photocopy of the section of any order referring to visitation rights. 3. Failure to disclose information, including but not limited to medical problems or concerns, at time of registration could result in the camper being asked to leave the camp. *If you have questions about this, please contact us.*