



Camper Health Form Summer 2018

To be completed by the Parents & Health Professional

*Camp Pathfinder does not require a physical examination for this form to be completed.
However, a doctor's comments and signature are requested, and attaching a vaccination record is required.*

General & Contact Information

Camper Name _____

Age _____ Date of Birth _____

Parent Name(s) _____

Custody/Living Arrangements: Both Parents Shared Custody Sole Custody

Home ph _____ Home ph _____

Mom Cell #: (____) ____ - _____ Dad Cell #: (____) ____ - _____

Alternative Contact (if you can't be reached immediately)

Name _____

Home Address: _____ Home #: (____) ____ - _____

Relationship: _____ Cell #: (____) ____ - _____

Travel

Will you be away while your child is at camp? Yes No

Holiday Location: _____ Phone #: (____) ____ - _____

Will the camper have travelled outside continental North America in 2018?

Yes - where? _____ No

Camper Name _____

Healthcare Provider and Insurance Information:

Camper's Doctor: _____ Phone #: (_____) _____ - _____

Ontario Health Ins. Card # _____

or

Health Ins. Provider & Subscriber #: _____

General Health and Common Ailments:

Height _____ Weight _____

Does the camper wear glasses or contact lenses, dental appliances, hearing aid? Yes No

Notes: _____

Does the camper have asthma? Yes No

Notes: _____

If yes: What medications does your camper take for his asthma? When and what dose?

Notes: _____

If yes: Has your camper ever had to go to the hospital for his asthma? Yes No

Notes: (please describe hospital admission)

Camper Vaccination History

Official vaccination records are required to be attached to this form

Has the camper received his normal schedule of vaccinations? Yes No

Has the camper had two doses of a Measles, Mumps and Rubella (MMR) vaccine?
 Yes No

Has the camper had varicella (chicken pox) or a dose of a varicella vaccine?
 Yes No

Has the camper had two doses of a meningitis vaccine?
 Yes No

Has the camper had a tetanus, diphtheria and pertussis vaccine in the last ten years?
 Yes No

Camper Name _____

Camper Allergies

Does the camper have allergies to: foods, medicines, insects, or other substances?

Yes

No

<i>Allergen</i>	<i>Previous Reaction</i>	<i>Previous Treatment</i>

Camper Medications

Does your camper need medications to be administered at camp?

Yes

No

(Specify using chart below. All medications are stored and administered by the Camp Nurse.)

Has your child started, stopped or changed any of his medications in the past three months?

Please describe these changes.

Yes

No

Are there any medications your child normally takes, which you are not sending to camp?

Please specify.

Yes

No

<i>Medicine</i>	<i>Dosage Instructions</i>	<i>Comment</i>

Camper Name _____

For the Physician

Please attach the camper's vaccination record.

Please share concerns or further health history/advice for this Pathfinder camper? (attachments welcome)

Parent Permissions

Do you give Camp Pathfinder permission to administer over the counter medications to your child as needed? (including but not limited to: Tylenol, Benadryl, Pepto-Bismol, Calamine Lotion)

Yes No

In the event you can not be reached in a medically appropriate amount of time, do you give permission to the Director of Pathfinder to permit a health professional to provide necessary care to your child?

Yes No

I desire my child to participate in the full camp program and all activities including canoe tripping, unless I advise the Camp as to any restriction in writing. In consideration of the acceptance of my child into the camp program, I hereby release Camp Pathfinder, its officers and employees, from all claims arising from my son's participation in camp activities. I authorize the camp to secure medical treatment for my child when appropriate. If for any reason my child requires medical attention beyond that furnished by the camp, I agree to be responsible for any expenses incurred. I acknowledge that the camp activities and any medical treatment will be performed in the Province of Ontario, and that the Courts of Ontario shall have exclusive jurisdiction over any claims, legal dispute or cause of action arising out of my child's stay at Camp Pathfinder. I hereby agree that if I commence any legal proceedings, they will be held only in the Province of Ontario, and I hereby irrevocably submit to the exclusive jurisdiction of the Courts of Ontario.

Parent signature _____ date _____