

CAMP WOODBOIA 2018 PERSONAL HEALTH FORM
(For Camp Director & Medical Personnel in case of emergency)
This entire **two-page** form must be completed by **all campers and leaders.**

Name _____ Health Card # _____

Other Insurance _____ Policy # _____

Family Doctor _____ Phone # _____

Birth date _____ Age _____ Sex _____ Height _____ Weight _____

Custodial Parent/Legal guardian: Name: _____

Full Address: _____

Telephones: Home # _____ Business # _____ Cell # _____

Official Alternative Contact: Name: _____

Telephones: Home # _____ Business # _____ Cell # _____

- 1 What medical conditions or allergies does your child have? Please indicate the particular medical conditions that could impact your child's stay at camp.

- 2 Are your child's immunizations up to date? Y or N

- 3 Is your child currently taking medication that will need to be taken at camp? Y or N If so please indicate what medication it is and when and how it will need to be given. Remember that all medications are to be handed to the medical personnel at check-in and must be accurately labelled with clear instructions. _____

- 4 Are there any physical, emotional or behavioral conditions that camp staff might need to be aware of in order to give your child the best experience at camp?

(SEE REVERSE ..)

5. Custodial parent(s) or legal guardian(s) assume full responsibility for the camp applicant's health being such that camp activities which include hiking, swimming, running, etc. will in no way aggravate any medical condition. Please speak to your family doctor if you have specific questions or concerns before completing this form.

Please make absolutely certain that someone is available for camp staff to contact at any time (day or night) while your child is in our care.

As the person responsible for _____, I authorize the camp director or their designate to;

- A. Administer anti-inflammatories &/or antihistamines (non prescription, over the counter drugs) if deemed necessary for the relief of fever, pain &/or allergy symptoms when other methods have been unsuccessful.
- B. Secure medical advice and care should the need arise.

I waive all claims against the Woodboia board and its employees and representatives for any accident or injury to the applicant or his/her property in conjunction with this camp. I also agree to accept financial responsibility in excess of benefits allowed by provincial and other insurance plans.

IT SHALL BE AT THE DISCRETION OF THE CAMP DIRECTOR AS TO WHAT MEDICAL STEPS BE TAKEN WITH REGARD TO THE HEALTH, WELFARE AND SAFETY OF YOUR CHILD.

I AGREE TO THE ABOVE STATEMENTS AND THAT THE INFORMATION ON THIS FORM IS ACCURATE AT THE TIME OF REGISTRATION. I FURTHER AGREE THAT IF SOMETHING CHANGES I WILL NOTIFY THE CAMP HEALTH PERSONNEL UPON ARRIVING AT CAMP.

Date: _____ Signature _____