

OWAISSI ANGLICAN CAMP ASSOCIATION

Camper & Youth Leader Health Form 2010

PLEASE PRINT CLEARLY

To Parent/Guardian: This Medical Record is issued by Camp Owaissi and has been endorsed by the BC Camping Association. Camp Owaissi wishes to ensure that all campers, staff, and volunteers are healthy and remain healthy throughout the camp. Camp Owaissi also wishes to safeguard all campers, staff, and volunteers against communicable diseases and accidents. Please answer all the questions listed below, adding detail where necessary.

Camper Name _____

Care Card Number _____ Birthdate: _____ Sex: Male _____ Female _____

1st Parent/Legal Guardian _____

Day Phone _____ Evening Phone _____ Cell Phone _____

2nd Parent/Legal Guardian _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Alternative (other than Parent/Legal Guardian) _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Family Physician _____

Office Phone _____ After Hours Phone _____

- Do you know how to swim? _____ NO _____ YES Level of ability _____
- Does your camper have any fears? _____ NO _____ YES What? _____
- Is there anything the camp leaders ought to be aware of that might interfere with your child's enjoyment of the camp? Please be specific (physical, emotional handicaps, etc.) _____
- **Is there any reason why your child should not or cannot participate fully in the camp program?**
PHYSICALLY _____ MENTALLY _____ EMOTIONALLY _____

If yes to any of the above, please explain: _____

Medications taken regularly (over the counter and prescription)

Name	Dosage	How Often	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use separate sheet of paper for more medications)

HEALTH HISTORY

Immunizations (Mo/Yr) (give approximate dates)

Tetanus _____ Last Booster _____ Measles, Mumps, Rubella _____

Chronic or Recurrent Illness and (check all that apply)

Ear Infections _____ Asthma _____ Rheumatic Fever _____ Epilepsy _____

Convulsions/Seizures _____ Diabetes _____ Nosebleeds _____ Bed Wetting _____

Allergies (check all that apply)

Bee Stings _____ Wasp Stings _____ Hay Fever _____ Poison Ivy _____ Penicillin _____

Other Medication Allergies _____

Food Allergies _____

Other Allergies Not Listed _____

Reactions to watch for _____

Comments/explanations on any of the above:

Operations or serious injuries (include date):

Information about any physical limitations:

Dietary restrictions/vegetarian?

Additional comments/information (use separate sheet if necessary):

IT IS EXPECTED THAT UNLESS THERE IS JUST CAUSE FOR EXCLUSION, CAMERS WILL PARTICIPATE IN ALL SCHEDULED ACTIVITIES. IT IS ALSO UNDERSTOOD THAT ALL CAMPERS WILL BE HEALTHY WHEN THEY ARRIVE AT HOME.

Permission for Care Statement: In the case of accident or illness, I give permission for emergency treatment to be provided by the physician and/or health care facility determined by the persons responsible for the safety and welfare of the campers, staff, and volunteers at Owaissi Anglican Camp Association. I certify that this Medical Record is correct and that I agree to the Camp Policy that in case of an accident or sickness during camp, as a parent or guardian, I am responsible for any and all expenses incurred. I also agree to allow a qualified health professional (nurse, first aid attendant, etc.) to give my child prescription medications as provided by parent/guardian and First Aid treatment as necessary.

Signature _____ Date _____

Note: If your child has any communicable disease within two weeks of camp, has been in contact with anyone with such a disease, or has had a temperature of more than 100 degrees Fahrenheit within two days of camp, a doctor's Certificate of Good Health must be given to the Camp Nurse.