

Rock Lake United Church Camp, Inc. Personal Health Form

The information on this form will be used at the direction of the camp health care staff to ensure care and attention is given to the health of the participant. All information is considered personal and confidential.

Name: _____ Camp attending: _____

Mailing Address: _____

D.O.B.: _____ Gender: _____ Height: _____ Weight: _____

Parent/Guardian Name(s): _____

Mailing Address (if different): _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

MHSN (6 digit): _____ PHIN (9 digit): _____

Subscriber's Name: _____ Other Health Insurance: _____

Please provide a photocopy of your Provincial Health Card with both 6 and 9 digit numbers visible.

If we are unable to contact the above in case of emergency, please provide an alternate contact below:

Name: _____ Relationship to Camper: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Please ensure a **parent/guardian** completes the remainder of the form.

Camper's Swim Level: _____ Completion Date: _____

The waterfront has a designated swimming area that is roped off and supervised by two qualified lifeguards. Does your child require a lifejacket to swim in the designated area? Yes / No

Other comments/instructions related to the waterfront:

Does the camper wear medically prescribed ear plugs? _____

Does the camper have any special dietary needs? _____

If female, has the camper menstruated? Yes / No If no, is she prepared? Yes / No

Does the camper wear glasses or contacts? Yes / No Date of last tetanus vaccine: _____

Any other comments/restrictions to camp activities:

Please indicate if the camper is currently subject to any of the following:

- | | | |
|-------------------------------|----------------------------|-----------------------------------|
| _____ Arthritis | _____ Nightmares | _____ Bed Wetting |
| _____ Diabetes | _____ Respiratory Diseases | _____ Headaches |
| _____ Convulsions | _____ Ear Troubles | _____ ADHD |
| _____ Sleep Walking | _____ Stomach Pains | _____ Anxiety |
| _____ Kidney/Bladder Problems | _____ Heart Conditions | _____ Depression/Mood Disorder |
| _____ Asthma | _____ Motion Sickness | _____ Other psychiatric treatment |

Please explain, and specify any other medical conditions as well as usual treatment for such conditions:

Does the camper wear a medic-alert bracelet? If so, why? _____

Does the camper have allergies of any kind? _____
 What is the reaction and how are allergies treated? _____
 Has the camper had any recent illness? _____
 Does the camper have a chronic condition? Please explain. _____

All medication, prescription or over the counter, must be brought to camp in the original container and given to the first aid attendant on arrival. Prescription medication must have a label that indicates camper's name, name of medication, dose of medication, frequency, physician's name, and date of prescription.

Medication Name	Dosage	Time Taken	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate any over-the-counter medications that may be given to your child at camp (if needed).
 Y / N Acetaminophen (Tylenol) Y / N Ibuprofen (Advil or Motrin). Y / N Gravol (Dimenhydrinate)
 Y / N Cough Syrup Y / N Antihistamine
 Is there any other information that would help us provide better care for your child? (ie. recent family changes, fears, shyness, behavior challenges, etc)

All information supplied to us will help us care for your child in the best way possible while they are at camp. If medical care is required for your child, you will be notified. If your child needs to phone home, they will be asked to phone collect. All medical records are held for seven years, then destroyed.

To the best of my knowledge, my child is in good health. I will notify the camp if my child is exposed to any infectious disease during the three weeks prior to camp. In case of a medical emergency, I understand that every effort will be made to contact the parents or guardians. In the event that I cannot be reached, I hereby give permission to the Physician selected by the Camp Coordinator and First Aid Attendant or designate to hospitalize, order x rays and routine tests, secure proper treatment including anaesthesia and surgery for my child as named above. I understand that in an emergency my child may be transported in a personal vehicle and I hereby waive my right, and that of my child, to claim against Rock Lake United Church Camp, its employees, or volunteers. This form may be photocopied and shared with the selected physician. In the event medication, medical advice, treatment, and/or equipment are required, I agree to accept financial responsibility in the excess of the benefits allowed by Provincial Health and/or medical insurance. I give permission to administer the medications as listed above. I also give permission for routine medical care for my child at camp.

Print name of parent or guardian: _____
 Signature of parent or guardian: _____
 Date completed: _____

Medical form MUST be completed within 30 days of the start of camp and be brought to camp with your child.

By signing below, I hereby give permission for photos and videos of my child to be used in various promotional items for Rock Lake United Church Camp. This includes, but is not limited to, the camp website, social media, and presentations.

Signature: _____
 Date: _____