



Box 395  
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(seasonal)



## 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 life jacket 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 \_\_\_\_\_ Bedwetting

\_\_\_\_\_ Diabetes \_\_\_\_\_ Respiratory Diseases \_\_\_\_\_ Headaches

\_\_\_\_\_ Convulsions \_\_\_\_\_ Ear Troubles \_\_\_\_\_ ADHD

\_\_\_\_\_ Sleep Walking \_\_\_\_\_ Stomach Pains \_\_\_\_\_ Anxiety

\_\_\_\_\_ Kidney/Bladder Problems \_\_\_\_\_ Heart Conditions \_\_\_\_\_ Depression/Mood  
Disorder

\_\_\_\_\_ Asthma \_\_\_\_\_ Motion Sickness \_\_\_\_\_ 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. \_\_\_\_\_

**\*\* THE BOARD OF ROCK LAKE UNITED CHURCH CAMP, INC. WILL BE ADHERING TO PROVINCIAL  
GUIDELINES REGARDING COVID-19, INCLUDING VACCINATION REQUIREMENTS\*\***

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? (i.e. 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 anesthesia 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: \_\_\_\_\_