



Bringing people together

## EXTENDED MEDICAL FORM 2011

- **DO NOT MAIL THIS FORM!** Please bring with you to the bus, ferry or to camp. If your child is travelling by plane, have them keep it in a safe place on the top of their luggage.
- Please provide camper medical details specific to the time period they will be attending camp.
- Health card number / health insurance information **REQUIRED** for children to attend camp.

FULL LEGAL NAME: \_\_\_\_\_ BIRTHDATE (YY/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 HEALTH CARD #: \_\_\_\_\_ HOME/CELL PHONE #: \_\_\_\_\_  
 DOCTORS NAME & PHONE #: \_\_\_\_\_  
 DETAILED HEALTH INSURANCE INFORMATION (IF NO BC MEDICAL): \_\_\_\_\_

### CAMPER MEDICAL INFORMATION

Is your child subject to, or has had:

- |                                       |                                       |   |  |  |   |
|---------------------------------------|---------------------------------------|---|--|--|---|
| <input type="checkbox"/> tuberculosis | <input type="checkbox"/> boils        | <input type="checkbox"/> German measles | <input type="checkbox"/> rheumatic fever | <input type="checkbox"/> mumps           | <input type="checkbox"/> measles        |
| <input type="checkbox"/> chicken pox  | <input type="checkbox"/> headache     | <input type="checkbox"/> hay fever      | <input type="checkbox"/> asthma          | <input type="checkbox"/> epilepsy        | <input type="checkbox"/> frequent colds |
| <input type="checkbox"/> tonsillitis  | <input type="checkbox"/> eczema       | <input type="checkbox"/> ear infection  | <input type="checkbox"/> sinus trouble   | <input type="checkbox"/> heart condition | <input type="checkbox"/> athletes foot  |
| <input type="checkbox"/> bronchitis   | <input type="checkbox"/> appendicitis | <input type="checkbox"/> Other: _____   |  |  |   |

### IMMUNIZATIONS

Basic immunization and most recent booster shots:

- D.P.T. series (Diphtheria-Pertussis-Tetanus), Date: \_\_\_\_\_  Polio series, Date: \_\_\_\_\_  
 Measles series, Date: \_\_\_\_\_  Rubella, Date: \_\_\_\_\_

### MEDICATION

Has the camper recently recovered from an illness or injury?  Yes  No

If yes please explain: \_\_\_\_\_

Is the camper under any form of treatment/medication for an illness, condition or injury?  Yes  No

If yes please explain: \_\_\_\_\_

Has your child taken medication for ADD/ADHD during the past year?  Yes  No

List all medications being taken to camp and the specific directions for their use (Use back of page if additional space is needed):

Medication	Dose	When administered
_____	_____	_____
_____	_____	_____
_____	_____	_____

### IMPORTANT INFORMATION ABOUT LICE

Prior to arrival at camp please check your child's head for lice. If we find that your child has lice or nits (eggs), your child will be sent home from camp for treatment. Please see your *Off to Camp* booklet for more information.

