

**Please Note - Camp Staff do not administer medication**

Camper's Name: \_\_\_\_\_

Health Card # \_\_\_\_\_ Province: \_\_\_\_\_

Emergency Contacts:

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Special Dietary Requirements: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Does your child require and carry an EpiPen?                      Yes                      No

What is the EpiPen for? \_\_\_\_\_

If Yes, does your child know how to administer the EpiPen?                      Yes                      No

Please circle the immunizations your child has had:

measles    mumps    rubella    chicken pox    diphtheria    tetanus    pertussis    polio    hepatitis B

Please circle any medical conditions that your child has:

hay fever      diabetes      frequent colds      ear aches      sinus      epilepsy      nose bleeds  
frequent fainting      severe stomach aches      other: \_\_\_\_\_

Will your child be taking any medication during his/her time at camp? Please list the medication and particulars. What are any possible side effects?

In case of an emergency, is there any other information that we should be aware of that will assist camp staff in making informed decisions?

**While every attempt is made to maintain a peanut-free environment, we cannot guarantee that this is a peanut free camp.**

Parent/Guardian Name: (print) \_\_\_\_\_

Parent/Guardian Telephone Number(s): \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_