

Bonnechere Baptist Camp

2010 – Camper Medical Form

(All 3 Pages to be filled out by parent(s)/guardian)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Health Card # \_\_\_\_\_

- I. Is camper on any regular medications that will be taken during camp?  
Yes \_\_\_\_\_ No \_\_\_\_\_ if so, please note on the chart below.
- II. Will camper be bringing any medication that only needs to be given when necessary?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_

**Please list current Medical Regime:**

Medication	Dosage	Time(s)	Purpose

**III. Important Allergy Information (Please Circle)**

1. Bee/Wasp Sting Allergies                      -Hay Fever                      -Poison Ivy
2. Food Allergies (nuts, dairy etc) Specify: \_\_\_\_\_
3. Medication Allergies (penicillin, etc) Specify: \_\_\_\_\_
4. Other Allergies: \_\_\_\_\_
5. Anaphylactic reaction to: \_\_\_\_\_ - by Ingestion   -by touch   -by smell
6. Does your child have an EpiPen?      Yes \_\_\_\_\_ No \_\_\_\_\_
7. Are they required to carry an EpiPen at all times?    Yes \_\_\_\_\_ No \_\_\_\_\_
8. Describe the most likely reaction to contact with allergens \_\_\_\_\_
- \_\_\_\_\_

**IV General Questions** (explain yes answers below):

Has/does the participant:

1. Had any recent injury, illness or infectious disease?	Yes	No
2. Have a chronic or recurring illness/condition?	Yes	No
3. Ever been hospitalized?	Yes	No
4. Ever had surgery?	Yes	No
5. Have frequent headaches?	Yes	No
6. Ever had a head injury?	Yes	No
7. Ever been knocked unconscious?	Yes	No
8. Ever had frequent ear infections?	Yes	No
9. Ever passed out during or after exercise?	Yes	No
10. Ever been dizzy during or after exercise?	Yes	No
11. Ever had seizures?	Yes	No
12. Ever had chest pain during or after exercise?	Yes	No
13. Ever had high blood pressure?	Yes	No
14. Ever been diagnosed with a heart murmur?	Yes	No
15. Ever had back problems	Yes	No
16. Ever had problems with joints (knees, ankles)?	Yes	No
17. Have an orthodontic appliance being brought to camp?	Yes	No
18. Wear eye glasses, contacts or protective eye wear?	Yes	No
19. Have a hearing aid?	Yes	No
20. Have an orthopaedic appliance being brought to camp?	Yes	No
21. Have any skin problems (e.g. itching, rash)?	Yes	No
22. Have diabetes?	Yes	No
23. Have asthma?	Yes	No
24. Had mononucleosis in the past 12 months?	Yes	No
25. Had problems with diarrhea/constipation?	Yes	No
26. Suffer from sore throats or stomach problems frequently?	Yes	No
27. Have problems with sleep walking?	Yes	No
28. If female, have an abnormal menstrual history?	Yes	No
29. Have a history of bed wetting?	Yes	No
30. Ever had an eating disorder?	Yes	No
31. Ever had emotional difficulties for which professional help was sought?	Yes	No
32. Ever had chicken pox?	Yes	No
33. Do you consider home sickness to be a potential problem?	Yes	No

Please explain any "yes" answers to the above questions, noting the number of the question:

---



---



---



---



---

V When did camper have last tetanus injection? \_\_\_\_\_

VI Use this space to provide any additional information about the participant's behaviour, physical, emotional, or mental health that the camp should be aware of (i.e. difficulty in crowds, noise etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- a) All medications are to be left with the camp nurse upon registration.
- b) While every precaution shall be taken to ensure the good welfare and protection of the applicant camper, Bonnechere Baptist Camp, its Directors, Board Members, staff members or employees, or facilities outside the camp grounds are hereby released from any and all liability in the event of any accident or misfortune that may occur to the applicant camper.
- c) The camp is empowered to obtain emergency medical treatment. In the case of surgical Emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, to order surgery injection, anaesthesia for my child as named above.

Family Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Family Dentist Name: \_\_\_\_\_ Phone \_\_\_\_\_

X \_\_\_\_\_

**(Signature of parent/guardian certifying above conditions & information)**

Date \_\_\_\_\_

VII. I give permission to use pictures of the above named camper for promotion unless otherwise stated.

Yes \_\_\_\_\_

No \_\_\_\_\_

VIII. EMERGENCY CONTACT \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

ALTERNATE CONTACT \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

