

GOLDEN LAKE CAMP HEALTH FORM 2018

(Last initial) (Cabin#)

[DO NOT MAIL THIS HEALTH FORM AND BEHAVIOUR AGREEMENT BACK TO US. Please bring them signed to camp when you come.]

Name of Camper _____ Age _____ Birthday _____ Male/Female _____
(Day/Month/Year)

Home Address: _____

City: _____ Postal Code: _____

Heath Card # _____ Date of Last medical Examination _____

Name of Parents/Guardians _____

Phone # (day) _____ (night) _____ (cell) _____

Emergency Contact (other than parent) _____ Phone #s _____ / _____

Please note: All information on this form will be treated as confidential. Please return this form to the camp at registration. We need this information to ensure your child receives proper health care. **If there is not enough room below, please add an additional page.** Camp policy states that all medication must be given to the camp first-aid-er or designate at registration. Send all medications your child requires on a regular basis including inhalers and EpiPens. Please ensure dosage is clearly visible (**original container please**).

Current Medication (send with instructions) _____

Please state any recent illnesses or contact with communicable diseases (last 3 weeks): _____

Please list any physical or emotional concerns: _____

Please describe any treatments to be done at camp: _____

ALLERGIES Check all that apply: Penicillin Other Drugs Bees, Wasps, Hornet Stings Environmental Food

CARRIES EPI-PEN Yes No **If YES, has child ever had to use it?** Yes No

DIETARY CONCERNS

SPECIAL NEEDS

MEDICAL HISTORY Is your child subject to, or recently had;

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Red Measles | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Emotional Concerns |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> German Measles | <input type="checkbox"/> Head Lice | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Frequent Colds/Bronchitis | <input type="checkbox"/> Home Sickness | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Headaches | <input type="checkbox"/> Fainting Spells/Seizures |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Ear Aches | <input type="checkbox"/> Sinus Infection | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Mumps | <input type="checkbox"/> Hepatitis (liver problems) |

Medic Alert ID Bracelet Necklace Why? _____

Other or Important Details _____

IMMUNIZATIONS: My Child's immunization is up-to-date: Yes No Year of Last Tetanus Shot _____ If NO, Why? _____

PARENT/GUARDIAN'S PERMISSION STATEMENT: The above health history is correct as far as I know, and my child named above has permission to attend Golden Lake Camp and engage in all regular camp activities, including off-site hikes or other events (and transportation there and back) and canoe trips, except as noted beneath my signature (below). I hereby authorize the Director of the Camp to secure such medical advice and services as may be deemed necessary for the health and safety of my child, and to transport my child to a medical clinic or hospital if necessary. The camp commits itself to inform you as soon as possible if this has been done. The cost of any treatments and/or prescriptions will be borne by me. I also give permission for the camp first-aid-er or designate to administer any of the treatments or medications listed on this form, or administer over the counter medications (which may include, but is not limited to Tylenol, Graval, Lice Treatment, Polysporin Ointment, Cough syrup, etc.). All campers, staff and volunteers will be checked for Head Lice at the time of arrival. Parents/Guardians are responsible to **check and treat** for Head Lice **prior** to camp. We reserve the right to refuse admission to camp to control the spread of this nuisance, or any other contagious disease. I agree with the above statement Yes No

I have read through the camp policies outlined in the "Golden Lake Camp Policies & Important Info Camp 2018" information sheet. I fully understand, fully accept, fully support and fully agree with the camp policies outlined in those documents, except for any specific requests for changes or exemptions that I have outlined beneath my signature below.

Parent/Guardian's signature: _____ **Date:** _____

Specific requests for changes/exemptions to our normal camp policies: _____

