

# GOLDEN LAKE CAMP HEALTH FORM 2019

[DO NOT MAIL THIS HEALTH FORM AND BEHAVIOUR AGREEMENT BACK TO US. PLEASE BRING IT, SIGNED, TO CAMP WHEN YOU COME]

Name of Camper \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_  
(dd/ mm/ yyyy)

Street Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Health Card # \_\_\_\_\_ Date of Last Medical Examination \_\_\_\_\_

Parent(s)/ Guardian(s) \_\_\_\_\_ Phones \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Daytime) (Evening) (Cell)

Emergency Contact (other than parent) \_\_\_\_\_ Phones \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Daytime) (Evening) (Cell)

**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-aider 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 indicate 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  Bee/ Wasp/ Hornet Stings  Environmental  Food  Food colouring

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"/> Homesickness    | <input type="checkbox"/> HIV                       |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Mononucleosis              | <input type="checkbox"/> Headaches       | <input type="checkbox"/> Fainting Spells/ Seizures |
| <input type="checkbox"/> Epilepsy     | <input type="checkbox"/> Earaches                   | <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 issues)  |

Does your child wear a Medic Alert ID  Bracelet  Necklace If so, why? \_\_\_\_\_

Other things we should know \_\_\_\_\_

IMMUNIZATIONS: My child's immunizations are up-to-date  Yes  No If NO, why not? \_\_\_\_\_ Year of Last Tetnus Shot \_\_\_\_\_

**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(s) 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 or dental clinic or hospital if necessary. The Camp commits itself to inform you as soon as possible if this has to be done. The cost of any treatments and/or prescriptions will be borne by me. I also give permission for the Camp First-Aider or designate to administer any of the treatments or medications listed on this form, or administer over-the-counter medications (which may include, but are not limited to, Tylenol, Gravol, Lice Treatment, Polysporin Ointment, Cough Syrup, etc.). All campers, staff, and volunteers will be checked for head lice at the time of arrival at camp. Parents/ Guardians are responsible to check and treat for head lice prior to arrival. We reserve the right to refuse admission to the Camp to control the spread of this nuisance, or any 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 2019" information sheet. I fully understand, fully accept, fully support and fully agree with the Camp Policies outlined in that document, 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: \_\_\_\_\_

\_\_\_\_\_

OTHER INFORMATION FOR CAMP FIRST-AIDER/ CAMP FIRST-AIDER NOTES: \_\_\_\_\_

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## GOLDEN LAKE CAMP BEHAVIOUR AGREEMENT – 2019

Dear Parents/Guardians and Campers:

Camp is a place to have fun, as well as a place to learn about and reflect on yourself and important life issues. We would like campers and their parent/guardians to know what is expected of campers before they arrive.

Golden Lake Camp expects campers to follow the general rules of allowing everyone to enjoy a safe environment, and allowing for personal growth. This means that campers can help our staff and other campers by following these behaviour guidelines:

- Not engaging in any activity that hurts others, such as fighting, teasing, name-calling or using inappropriate language.*
- Following the directions of staff and volunteer leaders who are trained to know what is safe and what is dangerous.*
- Treating others with the same respect and concern that you would want for yourself.*
- Not smoking, vaping, or using other non-medicinal drugs.*

If everyone respects the rights and feelings of others, we will all enjoy our camp experience. If you, the camper, break trust with our staff, you will be warned, and your parents/ guardians may be contacted. If the Camp Directors feel that your behaviour has been unacceptable, you may be sent home.

Camper's Agreement: I understand and agree to the above guidelines. \_\_\_\_\_  
Signature of Camper Date

I, the parent/ guardian of the above-noted camper, have discussed the behaviour guidelines with my son/ daughter/ ward and realize that unacceptable behaviour will result in consequences to be determined by the Camp Directors. A decision to send this camper home will require me to arrange transportation at the earliest possible time. Refunds for unused time at camp will not be issued.

Parent/ Guardian's Agreement: I understand and agree to the above consequences of any possible unacceptable behaviour on the part of my child.  
\_\_\_\_\_  
Signature of Parent/ Guardian Date