

### Consent

In case of medical emergency, I understand that effort will be made to contact the primary contact or the emergency contact. In the event they cannot be reached, I hereby give permission for the camp director/designate to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

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

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

### For camp use only

Has the camper been exposed to any contagious diseases within the three weeks prior to their arrival at camp? Yes No

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Camper Medical Form

Zion Hill Youth Camp 2019

PLEASE PRINT

### Camper Info

Last Name \_\_\_\_\_ Female

First Name \_\_\_\_\_ Male

Home Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age as of Sept. 1st, 2018 \_\_\_\_\_

Health Card # \_\_\_\_\_

### Contact Info

Primary Contact Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

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

#### In Case of Emergency Contact:

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

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

Name of Family Physician \_\_\_\_\_

Doctor's Phone # \_\_\_\_\_

### First Aid Info

I give permission for the medications outlined on the registration form to be administered to my child by the First Aid Attendant of Zion Hill Youth Camp. I consent for First Aid to be administered to my son/daughter as necessary. I also agree that the following medications and lotions/creams may be applied as necessary.

Please indicate by circling YES or NO.

YES NO Benadryl for allergic reactions

YES NO Tylenol for fever or headache

YES NO Advil for fever or headache

YES NO Gravol for nausea/vomiting

YES NO Calamine Lotion  
(insect bites/minor skin irritations)

YES NO Polysporin to prevent infection/speed the  
healing of minor cuts and scrapes.

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

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

## Health History

Any medical, emotional, or behavioural condition(s) not fully disclosed on this health form could result in the camper being sent home from camp. In that event, no refund will be issued.

### Medical Conditions (Please check all that apply)

- None  Asthma  
 ADD/ADHD  Hearing Problems  
 Behavioural Disorder  Seizures  
 Convulsions  Diabetes  
 Other Describe: \_\_\_\_\_

### Current Problems

- None  Bedwetting  
 Bowel Problems  Homesickness  
 Stomach Aches  Sleepwalking  
 Headaches  Frequent Colds  
 Nightmares  Sinus Infections  
 Sore Throats  
 Ear Infections  
 Other Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Immunizations

Has your child been immunized?  Yes  No

Type of immunization	Date
_____	_____
_____	_____
_____	_____
_____	_____

### Restrictions in Activities

Yes  No

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Allergies

None

### Drug Allergies

- Penicillin  Sulfa  Anesthetic  
 Acetaminophen  Codeine  
 Other Describe: \_\_\_\_\_

### Environmental Allergies

- Bee Stings  Pollen  Hayfever  
 Animal Dander  Dust/Mold  Latex  
 Other Describe: \_\_\_\_\_

### Food Allergies

- Lactose Intolerant  Peanuts  Nuts  
 Food Dye  Gluten  
Other Describe: \_\_\_\_\_

### DESCRIBE REACTION TO ALLERGIES CHECKED ABOVE:

## Medications

- Name of Medication \_\_\_\_\_  
Dosage \_\_\_\_\_  
Frequency \_\_\_\_\_  
Purpose \_\_\_\_\_
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Frequency \_\_\_\_\_  
Purpose \_\_\_\_\_
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Dosage \_\_\_\_\_  
Frequency \_\_\_\_\_  
Purpose \_\_\_\_\_

**All medications, both prescription and over the counter, must be clearly labelled in an original container, including dosage and instructions for usage from pharmacy and given to the FIRST AID ATTENDANT at the time of registration.**

**Anaphylactic reaction to allergies**  Yes  No

Epi Pen  Yes  No

Child Knowledge of Use of Epi Pen  Yes  No

Epi Pen kept on child's person  Yes  No

**Ventolin Inhaler**  Yes  No

Child knowledge of use of inhaler  Yes  No

Inhaler kept on child's person  Yes  No

## Important Information

Camp concludes the Saturday of each week at noon. My child will be picked up by \_\_\_\_\_ or by (name of 2nd person) \_\_\_\_\_.

Signature of Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_

**Please Note: Parents/Guardians will now be required to sign their child out at the end of camp.**

### Special Instructions

Please outline any special instructions concerning care, medication, diet, allergies, custody, etc.