

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

PLEASE PRINT

Camper Info

Last Name _____ Female

First Name _____ Male

Home Address _____

City _____ Prov. _____

Postal Code _____ Date of Birth _____

Age at time of camp, _____

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 _____
- Name of Medication _____
Dosage _____
Frequency _____
Purpose _____
- Name of Medication _____
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.