

Ryde Lake Camp - Camper Health Form - 2016

Camper _____ Age at camp _____ Camp Session (s) _____

Past history of communicable diseases:

Chicken Pox _____ Red measles _____ German measles _____ Tuberculosis _____
 Mumps _____ Hepatitis _____ Mononucleosis _____ Whooping Cough _____

My child has, or has had, the following:

() Homesickness () Asthma () Seizures () ASD
 () Bet wetting () Diabetes () Digestive upsets () Ear or throat problems
 () Eating disorders () Fainting spells () Bleeding disorders () Depression / anxiety disorder
 () Nightmares () ADD / ADHD () Headaches () Frequent colds / sinus trouble
 () Sleepwalking () Nosebleeds () Heart condition () Other _____

If you answered yes to any of the above, please provide details below.

Recent illness, operations or injuries: _____

Is your child under any form of treatment/medication for any illness, condition or injury? () Yes () No

If yes, please explain: _____

Will this condition limit or affect participation in activities? () Yes () No

If yes, please explain: _____

ALLERGIES / ASTHMA: If your child has asthma or any allergies such as food, insect stings, drugs, seasonal allergies, please list below.

<u>Allergy/Asthma</u>	<u>Rate Severity</u>				<u>Specific Type of Reaction</u>	<u>Usual Treatment</u>
	mild		severe			
_____	1	2	3	4	_____	_____
_____	1	2	3	4	_____	_____
_____	1	2	3	4	_____	_____

Does camper have her own Epipen? () Yes () No Does camper have her own asthma inhaler? () Yes () No

Are there any special dietary needs / choices? () Yes () No

If yes, please provide details here _____

Camper's Weight _____ kg or _____ lbs Height _____ Does camper wear glasses/contact lenses? () Yes () No

Has camper menstruated? () Yes () No If no, has she been told about menstruation? () Yes () No

Medications: Please list any medications that your child currently takes, including dosage and frequency.

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Reason for Taking</u>
_____	_____	_____	_____
_____	_____	_____	_____

Please note: All medications, including over-the-counter drugs, brought to camp, with the exception of Epipens and inhalers, are kept in the Infirmary and administered by the camp nurse as required. All medications must be in original containers. We recommend that regular medication routines continue while your child is at camp.

Tylenol and Advil are stocked in our infirmary and are not necessary to send with camper.

Immunization:

Are all immunizations up to date? () Yes () No () Never been immunized Date of most recent tetanus shot _____

Name of family physician: _____ Phone _____ Date of most recent examination: _____

To the best of my knowledge, _____ (camper's name) is in good health, free of communicable disease, and physically able to participate in all camp activities, except as indicated. All medical conditions have been fully noted. I give permission for this health information to be shared with the appropriate camp staff and outside medical personnel as necessary. As a condition of the acceptance of the above-named camper, I agree to assume full responsibility for medical and other expenses in the event of illness or accident, and to indemnify Ryde Lake Camp in respect of any loss or claim so arising. In case of emergency, and unable to contact parent/guardian(s), I give permission to the physician selected by the Camp Director or Camp Nurse to secure proper treatment for my child. I also give permission for the Camp Nurse to administer non-prescription medications within recommended dosage, if required. I give permission for the physician named above to be contacted should any further information be required concerning my daughter's health.

I will contact the camp, in writing, if any changes occur in my daughter's health status between now and the start of the camp session.

My signature below indicates all information on this form is complete and accurate.

Date _____ Parent/Guardian Name (printed name and signature) _____

Return to: Ryde Lake Camp Office, Box 1120 Gravenhurst ON P1P 1V4 or office@rydelakecamp.com