

**Ryde Lake Camp - Camper Medical Health Form - 2012**

Please complete fully, in ink. Return with camper registration or by May 15 to Ryde Lake Camp office.

Name \_\_\_\_\_ Camp Session (s) \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_ HEALTH CARD # \_\_\_\_\_

Home phone ( ) \_\_\_\_\_

Father's name \_\_\_\_\_ Bus # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Mother's name \_\_\_\_\_ Bus # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Additional emergency contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Past history of communicable diseases:

Chicken Pox \_\_\_\_\_ Red measles \_\_\_\_\_ German measles \_\_\_\_\_ Tuberculosis \_\_\_\_\_

Mumps \_\_\_\_\_ Hepatitis \_\_\_\_\_ Mononucleosis \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Has your child had any of the following:

- ( ) Homesickness      ( ) Asthma      ( ) Seizures      ( ) Sight / hearing difficulties
- ( ) 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 (list) \_\_\_\_\_

Details concerning any of the above: \_\_\_\_\_

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 explain \_\_\_\_\_

