

Ryde Lake Camp - Staff Medical Health Form

Name _____ Camp Name _____

Camp Session (s) _____ Date of Birth _____ Health Card # _____

Full Address _____

Phone _____ Cell Phone _____

Emergency Contact: Name _____ Relationship _____

Address _____

Phone _____ Cell Phone _____

Past history of communicable diseases and approximate dates:

Chicken Pox___ Red Measles___ German Measles___ Hepatitis___ Tuberculosis___ Mumps___ Other___

Other health issues: (check any applicable areas)

- () Asthma () Seizures () Hypertension
- () Diabetes () Skin conditions () Urinary tract infections () Hearing/sight difficulties
- () Eating disorders () Digestive upsets () Bleeding disorders () Ear or throat problems
- () Heart condition () Headaches () Frequent colds/sinus trouble () Other _____

Details concerning any of the above: _____

Recent illness, operations or injuries: _____

Are you under any form of treatment/medication for any illness, condition or injury? () Yes () No

If yes, please explain: _____

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

If yes, please explain: _____

ALLERGIES / ASTHMA: Allergies may include food, insect stings, drugs, seasonal allergies, etc.

<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		_____	_____

Do you carry your own Epipen? () Yes () No **Do you carry your own asthma inhaler?** () Yes () No

Do you have any special dietary needs? If yes, please explain _____

Weight _____ kg/lbs Height _____ Do you wear: glasses/contact lenses? () Yes () No hearing aid () Yes () No

Are you bringing any medications to camp? () Yes () No Please specify name, dosage, how often, for what symptoms:

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 last examination: _____

To the best of my knowledge, I do not have a communicable disease, and am physically able to participate in all camp activities except as indicated. All medical problems, or conditions have been fully noted. I give permission for this information to be shared with the appropriate camp staff and outside medical personnel as necessary. 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 medical emergency, I give permission to the physician selected by the camp director or camp nurse to secure proper treatment for myself. 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 health.

To the best of my knowledge, the information on this medical form is current and accurate. Date _____

Staff Signature _____ Parent Signature (if staff member under 18 yrs) _____