Camper Medical Form

(Confidential)

Blue Bronna Wilderness Camp

INSTRUCTIONS: Parents, please complete this form not more than 3 days before your child comes to camp and bring it or send it on registration day. **All campers must submit this form.** ***DO NOT MAIL.***

Office Use
Cabin _____
Counselor _____

Camper's name_____
Full address _____ City/Prov _____ PC _____
Camper Birthday: _____
Parent's (Guardian's) Name_____
E-mail_____Phone #_____
Alberta Health Care # _____ Alberta Blue Cross # _____
Other Health Insurance and Number Child is Covered by _____

List illnesses or injuries receiving medical attention in last 12 months
_____
Has your child been in contact or being treated for any contagious conditions in the past week?
(ie. strep throat, chicken pox, flu, etc.) If yes, which one?_____
Date of last tetanus_____
Is child now under medical treatment? No Yes (explain)_____
Has the child had any major operations? No Yes (explain)_____
Has child ever fainted? No Yes (explain)_____

Is the child allergic to any materials, food, insects or drugs? No Yes
Name allergies_____
Name reactions_____
Please rate the severity of symptoms experienced:
_____ mild _____ moderate _____ severe (life threatening)

Does your child have any health conditions or problems restricting camp activities?
(circle) No Yes (explain) _____

To your knowledge, does your child have a history of: (please check all that apply)
__ asthma __ bladder infections __ bed wetting __ homesick tendency __ ear infections
__ heart problems __ ADHD __ ADD __ lactose intolerance
__ other, please specify _____

Please check (√) any medication that you <u>DO NOT</u> want your child to have.

___ Cough syrup (no codeine)
___ Decongestant/Cold Medication
___ Tylenol
___ Pepto Bismal
___ Benadryl/Antihistamine
___ Gravol
___ Throat lozenges
___ Polysporin Cream

(OVER)

Is your child taking any medication Yes No Why? _____

_____

Please list all prescribed medication that your child will be bringing to camp. Ensure that your child has enough to last while they are away from home. It is recommended that an extra inhaler be sent with your child if they use one.

Can child self-medicate for inhalers/puffers' that are used as needed? Yes ____ No____

MEDICATION NAME	DOSE	WHEN IT IS TO BE GIVEN

All medications at camp MUST be in individual bubble packaging with complete labeling (name, drug, dose) available from any pharmacist or if a liquid it has to be in its original container and it is to be used by the person it is prescribed for. Ensure that your child has enough to last while away from home. It is recommended that an extra inhaler be sent with your child if they use one.

We ask that all medications (prescription and non-prescription eg. Tylenol, Sudafed, Cough Syrup, etc.) be turned in to the First Aid person who will then keep it under lock and key and will administer it when needed.

SIGNATURE_____DATE_____

COMMENTS