

Medical Information Form

MOORECROFT CAMP SOCIETY

1563 Stewart Road, Nanoose Bay B.C. V9P 9E7

THIS MEDICAL FORM MUST ACCOMPANY YOUR REGISTRATION FORM

Today's Date: _____ Camp session: _____ Camp Date: _____

Campers Legal Name: _____ Sex: Fem: Male:

Age: _____ Birth Date: _____ Height: _____ Weight: _____

Parent/Guardian's Name: _____ Phone # Home () _____

Cell: () _____ Work: () _____

Alternate person to be contacted in an emergency: _____ Relationship: _____

Phone Home () _____ Work () _____ Cell () _____

Are you the Parent/Guardian expecting to be away while your child is at Camp? Yes No

Family Doctor's Name _____ Location _____ Tel: () _____

BC Medi-Care Card/ Personal Health Number: _____

Note: All Campers who are not covered by BC Medical insurance are required to purchase Travel/Trip Insurance. Please provide a copy for Nurse to check on the first day of camp.

For the use of campers from outside BC: Does your current Medical plan cover Travel/Trip Insurance?

If NOT - **You must provide** Travel/trip Insurance for your child. Yes ___ No ___

What is your child's Swim level? Beginner ___ Intermediate ___ Aquaquest Level ___

Does your child have any physical or emotional needs that would prevent her/him from participating in our activities (ie: swimming, hiking, boating, etc)? _____

If your child has special needs, to ensure a successful camping experience, please tell us so that we can assess our ability to meet those needs prior to his/her arrival at camp. It would be appreciated if you would outline those needs on a separate sheet of paper and enclose it with your registration application.

Does your child have any specific needs : _____

Other Restrictions: _____

Is your child currently subject to any of the following? (please circle)

Convulsions Motion Sickness Depression Behaviour (e.g. ADD, ADHD)

Respiratory ailments Ear troubles Nightmares Bedwetting

Headaches Sleepwalking Other ? Please specify: _____

Please give details of usual treatment should condition indicated occur: _____

Does your child have a history of Asthma? Yes No If Yes please ensure that your child brings his/her medication with her/him even if she/he has not recently needed it. Outdoor games and activities at camp can trigger Asthma attacks that may be unexpected, and thus can be frightening. Please indicate the information regarding your child's Asthma and medication; write below, or attach details to, this form.

Allergies(**other than food**) that might cause medical problem (include food allergies at bottom of page 2)

Medical Information Form /cont'd.

Are there any chronic conditions or illnesses of which the staff should be aware? Yes No

If yes please specify _____
Is your child on any medication? Yes No If Yes please list them below with the specific directions for their use. (Please include medications children must use at school such as Ritalin)

Medication	Prescribed Dose	Time administered
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(continue on separate piece of paper if more space is required)

Please send all medications in their original containers. For the safety of all Campers medications (including Tylenol, anti-histamines, cough drugs etc) **MUST** be given to the Camp First Aid Attendant upon arrival. It is dangerous to keep any medications in the cabins.

Date of Last Tetanus shot: _____ Are corrective lenses required? Yes/No Contact Lenses? Yes/No

Has your daughter menstruated yet? Yes/No If "No" and the need arises, our First Aid Staff will explain and help her.

Do you give the camp permission to administer any appropriate over the counter medications, such as Tylenol or Benadryl etc. when deemed necessary by our First Aid Staff? Yes No (please circle your choice)

Note to Parents/Guardians: Moorecroft requires a minimum of Level III First Aid Certification of any/all First Aid/Nursing attendant(s) working at the Camp.

To the best of my knowledge I have informed the Camp of all details regarding my child's health. I will notify Camp if my child is exposed to an infectious disease during the three weeks prior to his/her/their Camp. In the event of a medical emergency I understand that every effort will be made to contact me. Should I not be able to be reached in such an emergency, I hereby give my permission to the physician selected by the Moorecroft Camp Society representative who has accompanied my child, to secure the appropriate emergency treatment, including hospitalization, ordered injection, anesthesia, or surgery, etc. for the Camper below.

Camper's Name: (please print clearly) _____ Camp Session Dates: _____

Parent/Guardian's Signature: _____ Date: _____ 200__

Information for the cooks:

Is your child a vegetarian? Yes No

Food allergies that might cause medical problem (**not dislikes**) _____