



CAMP SMITTY

2011 MEDICAL FORM



Boys and Girls Club of Ottawa
Club des garçons et filles d'Ottawa

ALL sections of this form must be completed (PLEASE PRINT CLEARLY). It is important for the camp to properly review these forms, therefore all medical forms must be returned to the Camp Registrar two to four weeks before the child leaves for their camp session.

It is the responsibility of the parent/guardian to notify the camp of any changes to the health/medical information of the camper that may occur after returning this form and before the child attends their camp session.

Attending which session? 1 2 3 4

Camper's Name: _____ Male Female

Date of Birth: _____ Health card number: _____

Father's Name: _____ (Home #) _____ (Work) _____ (Cell)

Mother's Name: _____ (Home #) _____ (Work) _____ (Cell)

Note: If parents live separately, please indicate with whom the child lives. Mother Father

Can either of the parties, listed above, consent for medical treatment and procedures for the child? Yes No
If no, please specify: _____

EMERGENCY CONTACT: In case we cannot reach parent(s) during the camper's session.

Name: _____ Relationship to Camper: _____

Phone #'s: Work: _____ Home: _____ Cell: _____

Name of Family Doctor: _____ Phone #: _____

Please circle any of the following that your child has had or currently has.

- | | | | |
|-----------------|----------------|-----------------|----------------------|
| Mumps | Chicken Pox | Hepatitis | Epilepsy/Convulsions |
| Measles | Tonsillitis | Whooping Cough | Asthma |
| Sinus Trouble | Frequent Colds | Fainting Spells | Diabetes |
| Rheumatic Fever | Constipation | Kidney Disorder | Bed-wetting |
| Nightmares | Running Ears | Heart Condition | German Measles |
| Sleepwalking | Skin Problems | Hay Fever | Severe Stomach Aches |

Please give details on any item checked above or any operation or recent illness your child has had (*please give date*)

Has your child been ill or exposed to any infectious diseases within the last month, including those listed above? (*Please give details*)

Please provide any information about the camper's physical/mental/emotional health that would be important for the camp staff to be aware of:

Has your child been immunized against? :

- Polio Tetanus Whooping Cough Diphtheria Small Pox Mumps Measles

Please provide instructions for all prescription medication your child will need at camp (Name, dose, times and any other special routines that are used at home regarding medication.)

NOTE:

All medication (prescription, non-prescription, and topical creams) MUST be handed in to the nurse (or designate) with detailed instructions. PLEASE make sure all medication is properly labeled and not packed with your child's belongings (they are to be handed in by parent/legal guardian before the child boards the bus)

Please initial next to the medication you permit the nurse to give your child if needed (Dose will be as to label instructions)

- Acetaminophen (Tylenol) Ibuprofen (Advil) ASA (Aspirin)
Pepto-Bismol Anti-histamine (Benadryl, Diphenhydramine) Other _____

Please note any special diet requirements: _____

Please list any allergies your child has and reactions/treatments to them (i.e. Foods, drugs, insect stings, plants, etc.)

PLEASE READ AND SIGN BELOW

PARENT/GUARDIAN DECLARATION:

"To the best of my knowledge, my child is in good health and has not been exposed to any infectious diseases in the past 4 weeks. If my child becomes exposed to any infectious diseases between now and the time of departure to Camp, I understand that the Camp must be notified immediately. I hereby give permission for my child to be treated for medical emergencies if they arise, and I agree to reimburse the Boys and Girls Club for any medical/prescription/ambulance expenses incurred by the Club on my child's behalf. I understand the Camp will notify me of any emergencies."

Signature of Parent/Guardian: _____ Date: _____

"I, the undersigned, hereby give the child, whose name appears above, permission to attend Camp Smitty and participate in the full range of activities. I fully understand that the Camp will make every effort to reach me in case of illness or injury. If I (or the emergency contact listed) cannot be reached promptly, I authorize the person in charge of the camp to care for him/her as if he/she were their own."

Signature of Parent/Guardian: _____ Date: _____