

## CAMPER HEALTH FORM

RR#1, Bible Camp Road , Dorion, Ontario P0T 1K0 , Ph:(807) 857-2331 Fax:(807) 857 - 1141

Name: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Camp Week: \_\_\_\_\_ Cabin: \_\_\_\_\_

### Health History

Please list all “*over-the-counter*” and “*prescription only*” medications you are currently taking including dosage and reason:

Please indicate the occurrence of the following, especially in the the last 10 days:

Headaches: \_\_\_\_, Head Lice: \_\_\_\_, Bed Wetting: \_\_\_\_, Sinus Trouble: \_\_\_\_, Colds: \_\_\_\_,  
Sore Throats: \_\_\_\_, Ear aches/infections: \_\_\_\_, Eye infections: \_\_\_\_, Sleep Walking: \_\_\_\_

Are there any other health issues that we should know about? ie. Allergies, diabetes, asthma, anaphalaxis, ADHD, autism, etc. Please give specific details in the space provided, use the back of this page if necessary.

What is the current level achieved in swimming? \_\_\_\_\_

We give the First-Aid staff permission to administer the following over-the-counter medications, if needed, to the above named camper:

Ibuprofin (Advil): \_\_\_\_\_, Acetaminophen (Tylenol): \_\_\_\_\_, Benadryl: \_\_\_\_\_, Gravol: \_\_\_\_\_

### CONTACT INFORMATION

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Ph # \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Ph # \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Ph # \_\_\_\_\_

Date of last immunization: \_\_\_\_\_ Date of last medical exam: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_