# 2017 Health History

Session ________

**This form must be completed each year and returned to the Camp before your camper arrives. Please be as thorough as possible as this information is to be shared with the Camp Nurse/Doctor, Directors and specific counselors involved with your child.**

Camper's Name: ______________________________ Date of Birth___/____/____(mm/dd/yy)

Ontario Health Card # ______________________________

Other Out of Province Health Insurance (please attach details): ______________________________

Parent(s)' or Guardian(s)' Names: ______________________________

Address: ______________________________

City/Prov/Postal Code: ______________________________ Home Tel.: ______________

Business Telephone: Mother:__________ Cell: ____________ Father: ____________ Cell: __________

Emergency Contact (If parents cannot be contacted) ______________________ Telephone: ______________

Family Physician: ______________________________ Telephone:______________________

Physician's Address: ______________________________

Please indicate if the camper has had any of the following:

| | | | | |
|---|---|---|---|---|
| ❒ Chicken Pox | ❒ Appendectomy | ❒ Mumps | ❒ Measles – Red | ❒ Diabetes |
| ❒ Hepatitis | ❒ German measles | ❒ Tonsillitis | ❒ Heart condition | ❒ Rheumatic Fever |
| ❒ Sun Sensitivity | ❒ Fainting | ❒ Sinusitis | ❒ Whooping Cough | ❒ Kidney Disease |
| ❒ Hay Fever | ❒ Epilepsy | ❒ Eczema | ❒ Ear Infections | ❒ Bedwetting |
| ❒ Sleepwalking | ❒ Stomach aches/pains | ❒ Asthma | | |

Severity of Asthma and recommended response to an attack:

______________________________

Are all required immunizations up to date (i.e.: diphtheria, tetanus)? Yes No

****Please attach a copy of your child's immunization record to this form.**

Last Date of Tetanus Toxoid ______________

Known Allergies (drugs, food, insects, animals):

______________________________

Allergy serums (type/dose/time required):

______________________________

Please describe all medications, injections or treatments required while at Camp (type/dose/time):

______________________________

Please state any dietary restrictions or intolerances (vegetarian, celiac, picky eater, etc.):

______________________________

Please state any special physical or emotional conditions or other information that would be useful to the Camp Nurse and/or Counsellor: ______________________________

General advice to be shared with Camp Counsellor (i.e.: limitations in activities, etc.):

______________________________

**To the best of my knowledge, this camper is in good health and has not been exposed to any infectious disease in the past four weeks. If he or she becomes exposed to any infectious disease between now and the time of departure for Camp or has any change in medical health, I will notify the Camp in writing. In the case of a surgical emergency, and we are not immediately available for consultation, I hereby give permission to the Physician selected by the Director to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for the above-named child. I also authorize my child's family physician or specialist who may be currently treating my child to release any medical information concerning my child's previous or current medical history or condition to the Directors of the Camp and/or any Physician selected by them to treat my child pursuant to the authorization given herein. I hereby agree that any matters arising out of my child's stay at Camp Kandalore or his/her medical treatment, including any relationship with a physician or hospital, shall be governed by the laws of the Province of Ontario and I hereby submit to the exclusive jurisdiction of the courts of the Province of Ontario in that regard.**

**Date**______________ **Signature of Parent/Guardian** ______________________________