



EVANGELICAL BAPTIST CAMP: MEDICAL FORM 2009

CHILDREN'S CAMP: AGES 8-13 (Born in 1996-2001)

This form must be completed by all Campers and all Camp Staff.

Please check one of the following titles: camper worker counselor other _____

Last Name:		First Name:		Sex: M or F	
Address: (Number & Street)		(Apt#)	(City)		
(Province/State)	(Postal/Zip Code)	Home Phn# ()			
Family Doctor's Name:		Phone # ()		Date of Birth	
				Month	Day Year
Health Card #:		OR IF YOU HAVE NO PROVINCIAL HEALTH COVERAGE			
Name of Insurance Company:		Phone# ()		Policy#	

Parent/Guardian to be contacted in the event of an emergency:

Last Name:		First Name:		Relationship:	
				<small>(Mother, Father, Uncle, Aunt etc..)</small>	
Daytime Phone# ()		Evening Phone# ()		Cell # ()	

In the event that the Parent/Guardian cannot be contacted, please notify:

Last Name:		First Name:		Relationship:	
				<small>(Mother, Father, Uncle, Aunt etc..)</small>	
Daytime Phone# ()		Evening Phone# ()		Cell # ()	

Please answer the following questions:

1. Is there any condition in your family history or is there a past illness which might affect participation in this Camp?

2. Is there any medical condition for which the camper requires special medication, diet or regime? (ie. Allergies, Diabetes ...)
All Prescription Medication must be given to the Camp Nurse in the original labelled container as given by the pharmacy.

3. Are there any serious allergies requiring immediate attention? (ie. Insect bites, Penicillin, Peanuts ...)

4. Are your vaccinations up to date? Please provide a photocopy of this information.

5. Please provide the date of your last tetanus shot.

6. Please provide the date of your last complete physical and doctor's name and phone # if different than above.

7. Please note any information that might be helpful to the Camp Nurse or Head Cook.

AUTHORIZATION FOR TREATMENT

To the best of my knowledge, my child is (or if over 18, I am) in good health. I will notify the Camp if my child is (or if over 18, I am) exposed to an infectious or communicable disease during the three weeks prior to arriving at Camp.

I hereby authorize the Camp personnel to handle any medical problems with my child (or if over 18, with me) during his/her/my stay at Camp. In the case of an emergency, after reasonable effort has been made to contact the Parent/Guardian, permission is hereby given to the Physician selected by the Camp to hospitalize, secure proper treatment, order injections, anesthesia or surgery for my child (or if over 18, for me) as named above. This may include being off the Camp site overnight. I also agree to check in and out with the Camp Nurse at the beginning and end of Camp.

In signing this form, I recognize that there are inherent risks involved in some Camp activities and that I will assume full responsibility for myself, my actions, my property and for minors less than 18 years of age under my care while at EBC.

Signature (Parent/Guardian if under 18 years of age)	Date
Please remember to bring your Health Card / Copy of Insurance on Registration Day!!!	