

Burry Heights Camp and Retreat Centre Camper Medical Form

Camper Information:

Name:	Date of Birth:
Address:	Postal Code:
MCP Number:	Home phone number:

Contact Information:

Parent/Guardian 1:	Contact number(s):
Parent/Guardian 2:	Contact number(s):
Emergency Contact:	Contact number(s):

Medical Information:

Has the camper had immunization/booster shots? KINDERGARTEN ____ 14-16 YEARS ____
Does the camper have any of the following allergies? Bee, wasp, hornet sting ____ Grass/pollen ____ Penicillin ____ Food (specify) _____ Animals (specify) _____ Other (specify) _____
Does the camper carry any of the following? EPIPEN ____ Turbuhalers/Inhalers/Puffers ____ ANA Kit ____
Does the camper have any of the following conditions? (Specify any relevant dates of diagnosis or of last episode) Diabetes: _____ Asthma: _____ Epilepsy: _____ Fainting: _____ Any contagious disease or illness (within past month)(please specify): _____ Other chronic conditions: _____

Medical Treatment:

Please list any medical treatment or medications to be administered while at camp. Any medications (prescription or over-the-counter) MUST be administered by the camp's Health Care Provider and passed in at registration:

Description of treatment/name of medication:	When administered:

I hereby authorize the camp's Health Care Provider to administer the following medications to my child according to the medication directions as needed while at camp (CHECK RELEVANT BOXES):

Children's Tylenol		Afterbite	
Children's Advil		Benadryl (for any allergies listed above)	
Tylenol		Advil	

To the best of my knowledge, this camper is in good health and able to participate in all camp activities. As the parent/guardian of this camper, I hereby authorize the Camp Director and/or Health Care Provider to secure such medical, surgical, legal, or other advice and services as may be deemed necessary for the health and safety of my child/ward. Parents/guardians will be billed for emergency transportation and any other medical costs incurred for this camper. I understand that it shall be at the discretion of the Camp Director and/or Health Care Provider as to what steps must be taken for the welfare and safety of the camper. Every care and attention will be given to the health and comfort of the campers, but the Camp Director and their staff cannot be held responsible for any accident that may occur.

Parent/Guardian Signature

Date