

**BLUE LAKE SUMMER CAMP
General Health Information Form**

Camper's Name: _____ Date of Birth: _____
Address: _____ Sex (M/F): _____ Age: _____
City: _____ Home Phone #: _____
Prov.: _____ Postal Code: _____ Business Phone #: _____
Parent/Guardian: _____
Alternate Contact, name and phone #'s: _____
Family Doctor: _____ Phone #: _____
***Medical Plan Number & Province (i.e. BC Care Card): _____

Out of province, please ensure you have adequate medical coverage.

This will be my child's _____ (e.g., 1st, 2nd, etc.) season at the Blue Lake Summer Camp. What part of the summer camp program is your child looking forward to? _____

Will your child be taking part in the overnight hike held on Wednesdays? (Please circle the appropriate answer.)

YES or NO

Health Information

This child is subject to the following (yes or no):

- | | | |
|---|---|--|
| <input type="checkbox"/> colds | <input type="checkbox"/> fear of the dark | <input type="checkbox"/> motion sickness |
| <input type="checkbox"/> sore throat | <input type="checkbox"/> sinus infection | <input type="checkbox"/> sleep walking |
| <input type="checkbox"/> bronchitis | <input type="checkbox"/> bed wetting | <input type="checkbox"/> fainting |
| <input type="checkbox"/> ear infections | | |

Please describe and/or attach any other necessary information with regard to health, food limitations, etc.:

Medication: I would like my child to be given the following medications, (which are labeled and accompany child), while at camp.

Name of medication: _____

Why is it being taken: _____

Quantity to be given: _____

Times to be given: _____

MEDICATION WILL BE COLLECTED BY THE FIRST AID PERSON DURING REGISTRATION UPON ARRIVAL. PLEASE HAVE MEDICATIONS WITH YOU.

- Is your child allergic to: Penicillin Yes No Don't know
Sulpha Yes No Don't know
Bee/Wasp Stings Yes No Don't know
Other? (specify) _____

(con't on back page)

General Health Information Form (con't)

Is there any reason for restricting your child's participation in:

- () Canoeing () Hiking () Jumping () Other sports
() Swimming () Running () Climbing (specify) _____

Please explain: _____

Is your child's immunization shots up to date? YES or NO

Has your child been exposed to any communicable disease in the past month? If yes, please explain:

If there is any other information which you feel would be of value to us concerning your child, and/or any concerns/problems that your child has regarding camp, please use this space to let us know:

YOU HEREBY GIVE YOUR PERMISSION to have anaesthetic, blood transfusion, or necessary surgery (stitches, etc.) administered to your child, under suitable medical supervision, (i.e. Hospital) in case an emergency should arise and acknowledge that you accept financial responsibility in the event that your child is transported to the nearest medical facility (i.e. Physician costs, ambulance, etc.) And give permission to administer Tylenol to your child in case of headaches or muscle aches from such things as growing pains, etc.

Anaesthetic?	Yes _____	No _____
Blood Transfusion?	Yes _____	No _____
Surgery?	Yes _____	No _____
Tylenol	Yes _____	No _____
**Model Release?	Yes _____	No _____

Signature of Parent or Guardian: _____

Date: _____

Note: All attempts will be made to contact Parent/Guardian in the event of an emergency.

**On occasion the Blue Lake Forest Education Society uses pictures taken during camp for promotional purposes, i.e. Brochures, newspapers and trade show displays. If model release is given Blue Lake reserves the right to publish these photographs without incurring debt or liability of any kind.

PLEASE FILL THIS FORM OUT IN FULL, BOTH PAGES, AND RETURN TO THE BLUE LAKE SOCIETY OFFICE AT LEAST TWO WEEKS PRIOR TO YOUR CHILD'S SUMMER CAMP START DATE.

**BLUE LAKE FOREST EDUCATION SOCIETY
P.O. BOX 759
CRANBROOK, BC
V1C 4J5**

OR FAX 250-426-3933