

1 Youth Camp Health Form

Camp Name: _____

Year: _____

CAMP MANITOU Confidential Camper Information Form

Please complete and return this form as soon as possible to:

Camp Director: _____

Address: _____

Parents\Guardians: We hope you won't find this information request too intrusive, but we want to make your child's camping experience the best it can be.

Please note that campers will not be permitted to get on the boat to camp unless completed forms are submitted.

Camper's Name _____

Camper's Address _____

City _____ Prov. _____ Postal Code _____

Camper's Birth date _____ Age at Camp time _____

Camper's Swimming Level _____

Ontario Health Number _____

Drug Plan Number _____

Phone Numbers:

Home:

Work:

Mother's Name _____ () _____ () _____

Father's Name _____ () _____ () _____

Doctor's Name _____ Phone () _____

Alternate Phone Numbers:

Name _____ Phone () _____

Name _____ Phone () _____

Custody Arrangement (if any) _____

Camper's position in the family: Only child _____ Youngest _____ Middle _____ Oldest _____

Activities your child looks forward to at Manitou?

Allergies/Susceptibilities (Provide details on a separate sheet if necessary)

Foods _____ Drugs _____

Fly Bites _____ Other _____

Does your child suffer with any of the follow? Check any applicable

Asthmatic Attacks _____	Epilepsy _____	Convulsions _____
Frequent Headaches _____	Diabetes _____	Heart Trouble _____
Menstrual Cramps _____	Bronchitis _____	Kidney Trouble _____
Chronic Ear Trouble _____	Fainting Spells _____	Sleep Walking _____
Attention Deficit _____		

If you checked any of the above, please outline specifically the condition and usual treatment.

Date of last tetanus shot _____

List any concerns or disorders, physical or otherwise, which may prevent your child from participating fully in a vigorous camp program (ie significant past experiences, fears)

SMOKING IS NOT PERMITTED AT CAMP MANITOU. Does your child smoke? _____

Note: All prescribed medication, inoculations etc must be clearly labeled and given to the Camp Health Care Provider upon arrival.

Is medication to be given? Yes _____ **No** _____

To the best of my knowledge the above named applicant is in good health. She/He has my permission to participate in a vigorous and demanding camp program that includes swimming, canoeing and hiking.

I understand that while every care and attention will be given to the health, safety, and comfort of the camper, neither the Camp Director nor the Camp Committee can be held responsible for any accident that may occur.

Should emergency medical care be required, I hereby authorize the Camp Director to secure such medical advice and services as deemed necessary for the health and welfare of the camper.

I agree to accept financial responsibility for costs in excess of the benefits allowed under the Ontario Hospital and Camp Insurance plans.

I give full permission for the use of my minor child's photograph, electronic and video image by Camp Manitou for promotional use in the media or on Manitou publications or website. (If you disagree simply strike out this portion of the form).

Signature of Parent or Guardian _____ Date _____