



Fraser Lake Camp

2010

H e a l t h F o r m

11737 McCowan Rd. Stouffville, ON. L4A 7X5

Tel.: (905) 642-2964 Fax: (905) 640-5263

www.fraserlakecamp.com

info@fraserlakecamp.com

Health Information and History:

Campers Name: _____ Campers Health Card #: _____

Doctors Name: _____ Doctors Phone #: _____

1: ALLERGIES

Does your camper have any allergies? Yes__ No__ If yes, to what? _____

Does this allergy require an epi-pen and is it considered life-threatening? _____

2: GENERAL HEALTH CONCERNS

Please circle if any of the following apply: **Asthma** **Epilepsy** **Diabetes** **Ear Infections** **Bedwetting**

If yes, please provide any relevant details to help us care for the indicated issue:

Are there any current or former major injuries or illnesses which we should be aware of? _____

3: MEDICATIONS

Does your camper take any medication? Yes_____ No_____

If Yes, please indicate medicine name, dosage and time taken for each medication:

1. Medication: _____ Dosage_____ Time Taken: _____ AM _____ PM

2. Medication: _____ Dosage_____ Time Taken: _____ AM _____ PM

3. Medication: _____ Dosage_____ Time Taken: _____ AM _____ PM

Please note that all medication must be in its' original container and all instructions attached.

4: OTHER

Are there any activity restrictions while at camp? _____

Are there any diet restrictions while at camp? _____

Is there any behaviour/special considerations that the camp should know about in order to better facilitate an experience for them? _____

Parent's Authorization:

I hereby give consent for my child to participate in the full Fraser Lake Camp program and all activities unless I advise you in writing. I give permission for Fraser Lake Camp to use any photograph my child is in for promotional material. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless Fraser Lake Camp (FLC) / Willowgrove and its officers, servants or assigns from any liability concerning our child's involvement in the FLC / Willowgrove programs and further agree that the use of all FLC / Willowgrove facilities is made at the risk of the registrant. In case of surgical emergency, I hereby give permission to the physician selected by the camp director, to hospitalize, to secure proper treatment for and to order injection, anesthesia, or surgery for my child, as named on this form. Every effort will be made to contact a parent/guardian in the case of emergency.

_____ / _____

Parent/Guardian Signature

Date