



Camper Health Form ~ Interprovincial Music Camp / "The" Jazz Camp / Camp Rock

(to be completed by the parent or guardian)

The original completed medical form must be mailed to the camp office by **June 1, 2008**

Camper Name: _____
Last First

Date of Birth: _____ Height: _____ Health Card #/Insurance: _____
M/D/Y

Parents' Names: _____ Home Phone: (____) _____
Father Mother

Cell Phone: (____) _____ (____) _____ Summer Phone: (____) _____
Father Mother

Business Phone: (____) _____ (____) _____ Are Parents Married / Separated / Divorced / Widowed?
Father Mother please circle

Family Physician's Name: _____ Telephone: _____

In case of illness, when parents are unable to be reached, please notify:

Name: _____ Home Phone: (____) _____ Cell: (____) _____

Business Phone: (____) _____ Summer Phone: (____) _____ Relationship to Camper: _____

If the camper has or has had any of the following, please check off and explain fully on other side of this page:

- | | | | | |
|-----------------------------------|---|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Stomach Aches | <input type="checkbox"/> Discharging Ear |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Difficulty in Menstruation |
| <input type="checkbox"/> Impetigo | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Whooping cough | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Seizures | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Loss of Consciousness |

Does your child have any MEDICAL ALLERGIES? (Please turn over and fill in details on back page or submit separate sheet of details):

List: _____

Does your child have any FOOD ALLERGIES? (Please turn over and fill in details on back page or submit separate sheet of details):

List: _____

Does he/she carry an epipen? _____ Has your child had an anaphylactic reaction and, if so, advise when and severity.

(Please provide details – use back page if necessary.) _____

Any medication or medical treatment to be continued during camp: (Explain below and/or on back of this form or provide separate documentation)

Does your child have ADD / ADHD? _____ Does your child have any emotional disorder/difficulties? _____

If yes to either, is he/she receiving medication? _____ (use reverse for details or submit separate documentation)

Will he/she continue such medication at camp? _____ If no, why not? _____

Any surgeries or injuries in the last year? _____

Has your child ever been hospitalized and if so why? _____

Has your child ever had an eating disorder or displayed similar symptoms? _____

Have your child passed out, had chest pain / been dizzy during or after exercise? _____

Does your child have any active infection, chronic illness or infectious disease? _____

My child is presently under the care of a physician for: _____

Date of last health examination by a Physician: _____

Vaccinations (please include year of last shots or attach immunization record):

* ALL VACCINATIONS IN **BOLD** ARE MANDATORY TO ATTEND CAMP *

- | | | | |
|------------------|---|-------------------------------|--|
| _____ Diphtheria | _____ Pertussis (Whooping Cough) | _____ Hepatitis A | _____ Meningococcal C |
| _____ Tetanus | _____ Haemophilus Influenza | _____ Hepatitis B | _____ (Menjugate, Menactra, Neisvacc) |
| _____ Polio | _____ Measles/Mumps/Rubella | _____ Chicken Pox (Varicella) | _____ Pneumococcal (Prevnar) |
| | | | _____ Other _____ |

Please sign reverse side and give details of any items that require further explanation. If necessary, add separate documentation to this medical form.

