

CONFIRMATION CAMP HEALTH FORM 2019

CABIN # _____

This information is essential. Both sides of this form must be completed and signed by a parent or guardian and returned to your pastor.

Camper's Name: _____

Date of Birth: ____d/____m/____y Male: ____ Female: ____

Health Card Number: _____ Letter Code: _____

Family Physician's Name: _____ Telephone: # (____) _____

Name of Parent(s)/Guardian(s): _____

Telephone #: Home (____) _____ Work: (____) _____

Alternate Contact: Name: _____ Telephone #:(____) _____

Recent illness or exposure to infectious illness in the month prior to camp date (e.g. measles, mumps, mono, diarrhea, etc.): _____

Circle illnesses the camper has had or conditions the camper is subject to:

- | | | |
|-------------------------|-----------------|---------------------|
| Measles (red) | Mumps | Fainting Spells |
| Measles (German) | Hay Fever | Bee Sting Reactions |
| Whooping Cough (recent) | Chicken Pox | Recurrent Throat or |
| Heart Condition | Asthma | Ear Infections |
| Seizures | Hepatitis | Headaches |
| | Rheumatic Fever | |
| | Sleep Walking | |

Has menstruation been explained to female camper? _____ Has menstruation begun? _____

ALLERGIES AND ADVERSE REACTIONS

Has your camper had previous reactions to drugs, substances, insect stings or bites etc.?

Substance or Allergen: _____ Reaction: _____

Treatment _____

DOES THE CAMPER HAVE DIABETES? _____ EPILEPSY? _____ ASTHMA? _____

DIETARY INFORMATION

List any food allergies: _____

DIET: Regular _____ Special _____ Please specify reason for special diet and describe the required diet.

IMUNIZATION INFORMATION

Diphtheria, Whooping Cough, Tetanus, Polio Date _____

Red Measles, Mumps, German Measles Date _____

Tetanus Booster Date _____

Any physical, emotional, or mental conditions not already listed? Present illnesses or infections?

CURRENT TREATMENTS (medications: prescribed or non-prescription including vitamin or supplements. Name of medication, dose, frequency : _____

“Contract Confirmation” is a co-operation of Lutheran congregations who co-operate to provide confirmation programming in a camp setting.

Pastors and leaders of each congregation understand they are responsible to ensure the health and safety of participants in the same manner as would be expected of a responsible parent. Accordingly, we secure a volunteer first aid practitioner or first responder to assist with health and safety issues and we require the following permissions:

We will supervise the administration of prescribed medications. Medications must be in their original containers and be accompanied with directions for use as prescribed by the physician. The reason for the medication must be described in this application. All prescription medications must be registered with the designated first aid practitioner who will supervise the medication’s use.

Over the counter medications such as allergy medications, Tylenol, etc must also be deposited with the first aid practitioner. The reason for sending this medication with your camper must be described in this application. The use of this medication must be supervised by the first aid practitioner.

Medication that a camper usually carries for anaphylactic reactions or puffer for asthma should be registered with the first aid practitioner but carried by the camper. Please indicate on this form that the camper carries such medications and for what reason.

To the best of my knowledge, my registered camper is in appropriate health and free of communicable disease to participate in the camp activities. In case of medical emergency, I understand that every effort will be made to contact parents or guardians. If unavailable, or in a situation of immediate emergency, I give permission to contact a physician listed on this form or for medical care to be provided at hospital emergency or walk in clinic. I understand that I will be informed as soon as possible if this occurs.

Signature _____ Date _____

“Contract Confirmation Camp” collects information only for the purpose of running a camp program. This information will not be shared with any other agency, program or business unless required by law or in an emergency situation.