



CAMP SUMMIT

Participant Medical Form

2022

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|---|--------------------------|-----------------|
| Participant Name (<i>legal birth name</i>): | Date of Birth: | Gender/Pronouns |
| Permanent Address: | Home Phone : | |
| Parent Name(s): | Work Phone: | |
| Parent Email (s): | Alternate Phone: | |
| Emergency Contact : | Emergency Contact Phone: | |

Allergy Information : Please indicate if you or your participant have any allergies. Please highlight the severity & triggers (airborne, contact or ingestion). In the case of a SEVERE allergy, please attach a personal emergency management plan & history of previous reactions.

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Bee Stings |
| <input type="checkbox"/> Nuts | <input type="checkbox"/> Medications _____ |
| <input type="checkbox"/> Foods _____ | <input type="checkbox"/> Other _____ |

Is your child anaphylactic? YES (to what): _____
 NO

If yes, please fill out the Camp Summit Anaphylaxis Form

Does your child carry an Epi-Pen? YES NO

Please Describe: _____

If YES, Camper must bring two Epi-pens and carry one at all times at camp.

Medical Insurance Information:

Provincial Care Card #: _____ **OR** Other Medical Insurance Provider Information: _____

**Note that all personal information is kept in strict confidence

Are there any significant medical or non-medical issues requiring full awareness of camp staff? *Please provide details & attach a separate page if necessary*

Please indicate all medications and non-prescription medicines that your child will be bringing to camp.

Are there any concerns that you have about sending your child to Camp?

Medical Permission Statement: To the best of my knowledge, the child herein described is in good health, free of communicable disease, and physically able to participate in all camp activities, except as noted above. In case of medical and/or surgical emergency, and I am not immediately available for consultation, I hereby give permission to the physician, staff & or nurse selected by the camp director, to secure proper treatment (i.e. hospitalization, injections, transfusions, anaesthesia, or surgery as appropriately required) for my child as named above.

I certify that the above information is accurate, and that I concur with the statements as described

Signature: _____ **Date:** _____