



# CAMP WANAPITEI MEDICAL FORM 2010

(This is a 4-page form)

We at Camp Wanapitei want your child's summer experience to be the best it can be. Please help us by filling in this form and faxing or mailing it to our Guelph Office. Contact information can often change so please fill this out IN FULL! We handle all information on this form with great sensitivity.

Name of Camper: \_\_\_\_\_

Dates attending Wanapitei: \_\_\_\_\_

Please circle: Junior    Temagami    Coureur de Bois    Pioneer    Bay Trip    River Adventure    WLIT    VI    VII

Date of Birth: \_\_\_\_\_(day/month/year)

Age at camp 2010: \_\_\_\_\_

Gender: \_\_\_\_\_

Grade Completed (June 2010): \_\_\_\_\_

Height: \_\_\_\_\_(inches)

Weight: \_\_\_\_\_(pounds)

Unisex T-Shirt Size: Youth \_\_\_\_\_Adult \_\_\_\_\_

Health Card Number (include all numbers and letters): \_\_\_\_\_

## CONTACT INFORMATION

Parent(s) Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Summer Phone \_\_\_\_\_ Dates at Summer Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## CUSTODY AND MAILINGS

If your camper is in single or joint custody please give us the name(s) of the custodial parent(s). If you would like double mailings (i.e. to separate dwellings) please outline your wishes here:

\_\_\_\_\_

## ILLNESSES AND MEDICAL CONDITIONS

Does this child have or has this child had any health conditions or issues such as Asthma, Respiratory Disease, Epilepsy, Muscle/Joint Problems, Diabetes, Urinary Tract Infections, Cardiac Disease, Severe Headaches, Convulsions, Hepatitis, or Psychological Issues? Please tell us about any other significant illness not listed above. Describe the illness and provide the date of diagnosis for these conditions:

\_\_\_\_\_

\_\_\_\_\_

## SURGICAL HISTORY

Please list any surgical procedures that have been performed in the past along with surgery dates:

\_\_\_\_\_

Name of Camper: \_\_\_\_\_

**ALLERGIES (NON-FOOD):** Please circle:      Insects              Plants              Penicillin              Other

Please provide details (note, dietary allergies are covered in a section below)

\_\_\_\_\_

Has your child ever been stung by a bee, wasp or hornet? Please describe the severity of your child's reaction to the sting. \_\_\_\_\_

Note: If the camper has any severe allergies, please send details regarding the reactions which have occurred in the past. If anaphylaxis is considered a risk and the camper carries a syringe for adrenaline (Anakit or Epipen), THREE kits must be brought to camp. One is to be carried by the camper, one by the canoeing partner, and one by the trip leader.

Details regarding severe non-food allergies: \_\_\_\_\_

Will you be sending allergy kits (adrenaline)? \_\_\_\_\_

**MEDICATIONS**

What medications (prescription and non-prescription) does the camper regularly take?

Name of Medication	Dose	Time(s) of Day	Reason for Medication	Quantity Sent to Camp

**IMMUNIZATIONS – READ THIS CAREFULLY PLEASE!!!**

All campers are expected to have all of their primary immunizations by the age of 5 years.

Has the camper had all of the primary immunizations? \_\_\_\_\_

Please give details if any immunizations are not up to date. \_\_\_\_\_

**TETANUS**

Tetanus is a serious life threatening illness caused by bacteria that live in dirt and grow in deep woods.

We are unable to give tetanus immunizations at camp or on a canoe trip. It is therefore absolutely necessary that all campers have a tetanus immunization within the last FIVE YEARS. Your doctor may tell you that a tetanus immunization is good for ten years. However if a person suffers a tetanus-prone-wound or laceration, guidelines state that if a tetanus booster has not been received in the last 5 years it should be administered. Because we are unable to meet this standard on a canoe trip or at camp, the only alternative is to be proactive and administer the immunization in advance. There is no harm in this strategy and serious illness may be prevented.

Name of Camper: \_\_\_\_\_

**IMMUNIZATION WAIVER**

On occasion some parents for various reasons elect not to immunize their children with various vaccines that are available. Camp Wanapitei needs to be aware of this decision and be absolved of the responsibility of negative health outcomes occurring as they relate to a lack of immunization.

If this camper is not immunized for reasons of personal choice please read the statement below and sign.

I AM AWARE AND HAVE KNOWLEDGE OF THE POSSIBLE CONSEQUENCES OF NOT IMMUNIZING MY CHILD AND ABSOLVE CAMP WANAPITEI OF ANY REPERCUSSIONS OF THIS DECISION.

Camper Name \_\_\_\_\_

Parent Name (Print) \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL IMPORTANT CONFIDENTIAL INFORMATION**

Does your child wet the bed?    Yes    No

If Yes:            Rarely                      Occasionally                      Frequently

Please list any equipment needed by the camper and when this equipment is needed (campers are responsible for their own equipment such as glasses, contact lenses, knee braces, orthotics, dental appliances etc.):

\_\_\_\_\_

Does your child have any behavioural issues or special needs & does your child require extra assistance at school or at other recreational programs?

\_\_\_\_\_

How easily does your child make and retain friends and with what age group? (please circle)

Easily                                      Fairly Easily                                      With Difficulty

Younger                                      Same Age                                      Older

If your child has trouble making or keeping friends, please tell us more about this:

\_\_\_\_\_

\_\_\_\_\_

What would you like your child to accomplish at camp (both in activities and personally)

\_\_\_\_\_

If your child is upset, what usually helps?

\_\_\_\_\_

Has your child had any problems at school or at extra curricular activities (e.g. bullying, being bullied,)? Please describe:

\_\_\_\_\_

Name of Camper: \_\_\_\_\_

How does your child react to authority? Please describe different scenarios if you need to.

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Does your child have any fears that we should know about? How are these managed at home?

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Has your child ever suffered from any anxiety and if so, what was it related to?

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If your child is a female has she started menses? And if not is she educated regarding her menses? Is there anything about your daughter's menses that we should know about? Please note: We educate girls regarding their menses as it relates to living at camp or being on a canoe trip.

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Does your child get motion sickness? How is this handled at home? \_\_\_\_\_

Eating Habits (please circle any that apply):

Fussy

Hearty

Average

Is there any food that your child truly dislikes? \_\_\_\_\_

### ALLERGIES (FOOD)

Dietary Restrictions or Food Allergies:

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Note: If anaphylaxis is considered a risk and the camper carries a syringe for adrenaline (Anakit or EpiPen), THREE kits must be brought to camp. One is to be carried by the camper, one by the canoeing partner, and one by the trip leader.

Details of severe food allergies if applicable: \_\_\_\_\_

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Will you be sending allergy kits (adrenaline)? \_\_\_\_\_

### IMPORTANT NOTES!!!!

- If your child has been in contact with a communicable disease within 3 weeks prior to their arrival at camp, you must notify the camp.
- ALL prescribed medications must come to camp in the original bottles provided by the pharmacy. Do NOT put medications into other containers or we will not be able to accept them at Wanapitei.

***I have read this form in full and have completed it fully and honestly.***

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_