

# 2021 Camper Health Form

Session code(s): \_\_\_\_\_

**IMPORTANT: Health Form must be submitted to our camp office upon registration.** Updates can be submitted later by email.

Please ensure it is filled out completely & accurately. Campers cannot attend camp without a current health form on file prior to camp.

**CAMPER INFORMATION:** *(print clearly)*

**Submit completed health form by email or mail, do not fax.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Birthdate: (mm/dd/yyyy) \_\_\_\_\_ Camper's Age on July 1<sup>st</sup>, 2021: \_\_\_\_\_ Gender: Male      Female  
 Household Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_ Country: \_  
 \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

**PARENTS / GUARDIANS & EMERGENCY CONTACTS:** *(print clearly)*

*(attach separate sheet of paper if necessary)*

**List in order who should be contacted in case of emergency – be sure to include parents/guardians:**

**1<sup>st</sup> Contact:** Mr. Mrs. Ms. Miss Dr.

First & Last Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell/Pager: \_\_\_\_\_  
 Summer #: \_\_\_\_\_

**2<sup>nd</sup> Contact:** Mr. Mrs. Ms. Miss Dr.

First & Last Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell/Pager: \_\_\_\_\_  
 Summer #: \_\_\_\_\_

**3<sup>rd</sup> Contact:** Mr. Mrs. Ms. Miss Dr.

First & Last Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell/Pager: \_\_\_\_\_  
 Summer #: \_\_\_\_\_

**Camper's Health Card #:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

*Out-of-Canada campers: indicate any medical plan, numbers & billing address, (attach separate piece of paper if necessary)*

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist / Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALLERGIES:** Does your child have any allergies. Be specific, attach separate page if necessary.

*Please note, we do NOT use or allow foods/snacks that contain nuts or traces of nuts.*

Indicate Type: Drug, Food, Environmental, Insect, Other	Allergen (please be specific)	Type & Severity of Reaction (Indicate if life-threatening)	Management / Treatment / Medication	Date of Last Reaction

**EPI-PEN:** Does your child require an EpiPen? **No**    **Yes** - If yes, please provide details about your child's anaphylaxis, including the date and description of any reaction.

**MEDICAL EMERGENCY:** In case of a medical emergency do you give permission to Stonewood Academy to send your child to the hospital alongside a Stonewood Academy staff member? (Please Circle one)      **Yes**      **No**

**DIETARY RESTRICTIONS:** Vegetarian    Vegan    Lactose Intolerant    Gluten Free    Other: \_\_\_\_\_

## 2021 Camper Health Form (continued)

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**ASTHMA/INHALER:** Does your child have asthma? **No** **Yes** - If yes, indicate severity? Mild Moderate Severe  
Made worse by activity. What are the triggers for these attacks? \_\_\_\_\_

Will your child be bringing puffers to camp? (Circle one) **Yes** **No**

**MEDICATIONS AT CAMP:** Will your child be taking any medications while at camp (prescription or homeopathic)?  
If yes, list medication, dosage, schedule, route, and reason for medication: \_\_\_\_\_

**TREATMENTS:** Will your child require any treatments while at camp? If yes, please explain: \_\_\_\_\_

**HEALTH HISTORY:** Has your child experienced or is currently experiencing any of the following conditions:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ADD/ADHD                   | <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Nosebleeds                               |
| <input type="checkbox"/> Athlete's Foot             | <input type="checkbox"/> Ear Infections / Hearing Problems |   |
| <input type="checkbox"/> Back / Neck Pain or Injury | <input type="checkbox"/> Epilepsy / Seizures               | <input type="checkbox"/> Sinus infections                         |
| <input type="checkbox"/> Behavioral Issues          |  |   |
| <input type="checkbox"/> Blackouts / Fainting       | <input type="checkbox"/> Headaches / Migraines             |   |
| <input type="checkbox"/> Bleeding Disorder          | <input type="checkbox"/> Heart condition                   | <input type="checkbox"/> Speech Problems                          |
|   | <input type="checkbox"/> Hernia                            | <input type="checkbox"/> Stomach aches                            |
| <input type="checkbox"/> Chest Pain                 | <input type="checkbox"/> Homesickness                      | <input type="checkbox"/> Sprains, Strains, or Fractures           |
| <input type="checkbox"/> Chrons / Colitis / IBS     | <input type="checkbox"/> Kidney Disease                    | <input type="checkbox"/> Tonsillitis                              |
| <input type="checkbox"/> Concussion                 | <input type="checkbox"/> Learning Disabilities             | <input type="checkbox"/> Urinary Tract Infection                  |
| <input type="checkbox"/> Constipation / Diarrhea    |  | <input type="checkbox"/> Visual Problems / Wears Glasses/Contacts |
|   | <input type="checkbox"/> Mental Health Issues              |   |
|   | <input type="checkbox"/> Motion Sickness                   | <input type="checkbox"/> Other, please explain:                   |

**If your child needs medication, has any allergies, requires an epipen or has an inhaler, a parent or guardian must speak with a Stonewood staff member.**

Be sure to fully explain any conditions your child is currently experiencing. It is important to include ALL information regarding your camper's history of illness so that our staff are prepared in case of incident or emergency.

**Please Print Name of Parent/Guardian:**

**Signature of Parent/Guardian:**

**Date:**