Camp Ekon Medical Form

Year: _____ **Camper's Name**: _____
Sex: _____

Date of Birth (M/D/Y): _____/_____/_____ Grade Next Fall: _____ Height: _____
Weight: _____
Health Insurance Number: _____ Expiry Date: _____
All Campers must be covered by OHIP or equivalent

Home Address
Street: _____City:_____
_ Postal Code: _____Province: _____ Home Phone: _____
Father's/Guardian's Name: _____ Contact Number: _____
Mother's/Guardian's Name: _____ Contact Number: _____

Past Medical History
Surgery? Y N If yes, please explain: _____
Hospitalizations? Y N
_____

Please circle if the camper has any of the following medical conditions:
Asthma Diabetes Seizures Life-threatening allergies
If circled, additional protocols/information must be completed
Other special physical/emotional needs or other information of use to the camp physician/RN:
_____
_____
Current Medications/Treatments:
_____

Allergic Reactions:
Food: _____ Bee Stings: _____ Nuts: _____ Other: _____
Type of reaction: _____
If anaphylactic, additional protocols/information must be completed

Have the following vaccines and toxoids been given and are up to date?
Diphtheria Tetanus
Polio Tetanus Booster Yes, the following vaccines and toxoids have been given
MMR Hepatitis A and are up to date:
_____

Physician Contact Information
Name: _____Street: _____
City: _____ Province: _____ Postal Code: _____
Office Phone: _____ Physician Signature: _____

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Meningitis Hepatitis B
TB Test Result (LIT 2 Only): _____

To the best of my knowledge, my child is in good health and is physically and mentally able to participate in all camp activities, except as previously noted. I will notify the camp if my child has been exposed to an infectious disease during the three weeks prior to arriving at camp. I give permission for the camp director or his/her designate to contact my child's physician to obtain medical information when necessary. In the case of emergency, I understand that every reasonable effort will be made to contact parents or guardians. In the event that I cannot be reached, I hereby give permission to the camp physician selected by the camp director or his/her designate to hospitalize, secure proper treatment, order injection, anesthesia, or surgery for my child named herein.

Date: _____ Parent/Guardian Signature:
_____

We recommend that your child's physician review and sign this form.
To the best of my knowledge, this child is in good health and is physically and mentally able to participate in all camp activities, except as previously noted.

Physician Contact Information
Name: _____Street:
_____
City: _____ Province: _____ Postal Code:
_____
Office Phone: _____ Physician Signature:
_____