

WE CHALLENGE YOU!

An Adventure that will last a lifetime!

Camp Kwasind Health Form 2010

Please take the time to fill this form out in detail as it will help us look after your child to the best of our ability.

This will also help us get through registration on Monday efficiently.

Child's Name: _____ Birth date: _____ Age: _____

Parent/Guardian: _____

Home phone#: _____ cell# _____ Emergency # and name: _____

2. **Health card:** A **photocopy** of the child's valid Health Card **must** be attached to this form.

3. **Immunization:** Please **photocopy** your child's immunization card **and** attach to this form.

4. Please list **all allergies** (drug, food, etc.) _____

5. Please make sure **all medications** and **doses** are **clearly** labelled. These must be given to the nurse on arrival prior to departure.

6. Please list any and all specific instructions that would help us take better care of your child?

7. Does your child have **any** physical, emotional, mental or behavioral challenges which the camp director or nurse should be aware of? Y/N If yes please explain _____

8. Would you consent to the administration of Tylenol if the need arises? _____

9. Are there any activities which you desire your child not to participate in? _____

10. Has your child had Chicken Pox? _____

To the best of my knowledge, my child is in good health and has not been exposed to any infection or disease in the past 4 weeks. In the case of emergency treatment, if we are not immediately available for consultation, I hereby give permission to the Camp Director to secure proper treatment until I am able to assume direct responsibility.

Signature of Parent/Guardian _____ Date _____

Please print name: _____

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