

Camper Information:

First Name: _____	Address: _____	Health Card #: _____
Last Name: _____	City: _____	_____
Sex: _____	Province: _____	_____
Date of Birth: _____	Postal Code: _____	_____

Emergency Contact Information:

Name: _____	Name: _____
Relationship to Camper: _____	Relationship to Camper: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Medical History: Check all that apply

Asthma Bedwetting Home Sickness Disordered Eating Hay Fever Seizures
 Anxiety Behaviours Ear Infections Sleepwalking Nose Bleeds Braces

Vaccines are up to date as per Ontario's recommended schedule of immunizations? Yes No

Date of last tetanus booster? _____ Yes _____ No

Allergies: Please list the following

Allergies: - _____	Reactions: - _____
- _____	- _____
- _____	- _____

Does your child carry an Epi-pen? Yes No | Has it ever been administered? Yes No

****If your child has an anaphylactic allergy you are also required to fill out an Anaphylaxis Emergency Plan Form****

Dietary Needs: Please explain in the space provided below and contact Silver Lake at least 1 week before your child attends camp in order to discuss the details of your child's food needs.

Medical Conditions: Please provide us with any information that will help us to care for your child in the space below (i.e., ADD & frequent UTI's).

NOTE: All medications must be in its original container with directions from the manufacturer or pharmacist. We can only accept dosettes that have been dispensed from the pharmacy.

Medication	Dose	Method of Ingestion	Times Taken Each Day	Reason for Medication	Special Instructions

In the event of an emergency, I understand it may be necessary to take my child to the hospital for assessment or treatment, where only pertinent medical information will be shared with the Hospital staff. Any extra cost of treatment or prescription will be borne by me. I give permission for the Health Care Professional on site to administer my child's regular medication, as well as any other over the counter meds that Silver Lake keeps in stock on main site that may be needed (i.e. Tylenol, Gravol, Cough Syrup etc.)

Submitted by: _____ Signature: _____ Date: _____

To Be Filled Out During Registration:

Has your child experienced vomiting, diarrhea or a cough in the last 3 days? Yes No

Has your child been exposed to flu, chicken pox, measles etc in the last 2 weeks? Yes No

This form has been reviewed by a parent or guardian as well as Silver Lake Health Staff at the time of the child's registration, and is accurate and up to date. HCS initial: _____ Parent/guardian initial: _____