Silver Lake Camp Medical Form Camp Code: _____

Camper Information:

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

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? _____ Diabetic requiring Insulin? ☐ 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: _____