



CAMPER & STAFF HEALTH HISTORY

207-3 Concorde Gate, Toronto, ON M3C 3N7 Phone 416-426-7204 Fax 416-426-7359

Last Name _____ First Name _____

Date of Birth _____ Sex _____ Height _____ Weight _____ Age at Camp _____

Will Your Child Celebrate a Birthday While at Camp? Yes No

Mailing Address _____ City _____

Prov. _____ Postal Code _____ Home Phone Number _____

Mother's Name _____ Work Phone # _____

Father's Name _____ Work Phone # _____

Person to contact in case of accident or emergency if parents are not available:

Name _____ Telephone # _____ Relationship _____

Camper/Staff Doctor's Name _____ Telephone # _____

Camper/Staff Dentist's Name _____ Telephone # _____

Date of Last Doctor's Exam _____ Date of last Tetanus Shot _____

Group Medical Coverage _____

MEDICATIONS: All medications (except inhalers) will be kept in the infirmary and dispensed by the Nurse. Medications should come in the original container and include the campers name and directions for use. Parents are responsible for checking the expiry dates. Please list any medications you are sending with your child to camp.

1. Medication _____ Purpose _____

2. Medication _____ Purpose _____

List any medications you DO NOT want your child to receive: _____

Please indicate any prescribed medication that you or your doctor have decided to discontinue during the camp period: _____

ALLERGIES: List any known allergies (and the severity) that your child has:

Drugs _____ Food _____

Environmental (i.e. Hay Fever) _____

Insect stings or bites _____ Other _____

Will your child be bringing an Ana-Kit? _____ Epi Pen? _____ If yes, does your child know how to use it? _____

Camper's bringing their own Epi Pens should also bring a fanny pack to carry it in.

Has your daughter started menstruating? Yes No If not, is she an "informed" individual? _____

This Form MUST be returned to the O.R.A. office by August 1st.

Are there any other personal or health issues that the health staff should be aware of or any medical conditions that would affect her participation in any camp activity?

- Asthma
- Nightmares
- Homesickness
- Sleepwalking
- Headaches
- Hearing Difficulties
- Eating Disorders
- Diabetes
- Heart Conditions
- Skin Conditions
- Behavioral Concerns
- Bedwetting
- Seizures
- HIV
- Head Lice
- Other: _____

Details: _____

Is there any information on the camper's family structure that would be important for the health staff to know? (Parents separated, divorced, custody issues, loss of family member, etc.).

WAIVER - CODE OF CONDUCT - AUTHORIZATION

Waiver

The sport of Ringette and other camp activities involves known and unknown risks that could result in physical injury. All Ringette players must wear full CSA approved equipment, including neck guards. To that end, Eagle Lake Ringette Camp will not be responsible for any participants fitness, equipment being used or any injury that may result while participating in any camp activity.

Any photographs taken of staff members or campers, while at camp may be used in the future for promotion of ELRC and may appear on the Ontario Ringette Website. They will remain the property of the Ontario Ringette Association.

Code of Conduct

Campers not abiding by established camp policies, or exhibiting behaviour that is detrimental to other campers may be asked to leave before her session ends. No refund will be considered if a camper is required to leave for one of these reasons.

Authorization

All medical problems or conditions requiring ongoing medical supervision or care, have been fully noted. I give permission for this health information to be shared with the appropriate camp staff and outside medical personnel as necessary. Permission is hereby given to the camp staff to take whatever steps it deems necessary to ensure the safety and health of the camper and to provide common, non-prescription medications such as Tylenol, Gravol, Pepto-Bismol, Cough Syrup, etc. This also allows us to contact the camper's family physician/dentist.

I hereby certify that all information completed in this form is accurate and up to date.
 I will contact the camp in writing if any changes occur in this camper's health status.
 I have also read the terms of the Waiver and Code of Conduct and agree to accept these conditions.

Parent/Guardian Name (please print) _____

Signature _____ Date _____

* PLEASE NOTE: A doctor's examination is not required, however, we do require you to provide us with current and accurate information. All campers and staff are required to complete a Health History Form each year.