B'NAI BRITH CAMP
2016 HEALTH INFORMATION AND CONSENT FORM

No camper will be allowed into Camp if a completed Health Form is not received

For your child's protection and for the protection of other children, we recommend, but do not require, that a physician prior to camp examine your child. However, **if you have answered, "yes" within the medical condition section or ticked any Column "B" item under General Health Issues, your Health Form must be signed by your family physician.** All Health forms must be completed by a parent/guardian.

Camper Information (please print) ☐ Female ☐ Male

Camper Name: _____ School: _____
First Last

Date of Birth: _____ _____ _____ Age: _____
Month Day Year as of July 1ST

Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____

Home Telephone: ( ) _____

Health Card Number: _____ (MB PHIN): _____

Emergency Contact Information

Parents'/Guardians' Names: _____

(M)Phone (home):_____ (work):_____ (cell):_____

(F) Phone (home):_____ (work):_____ (cell):_____

Are you planning on being away during the camp session? ☐ Yes ☐ No

If "yes", please indicate dates: _____

Emergency Contact#1 Name: _____ Relationship: _____
(if parents cannot be reached)

Phone (home):_____ (work):_____ (cell):_____

Emergency Contact#1 Name: _____ Relationship: _____
(if parents cannot be reached)

Phone (home):_____ (work):_____ (cell):_____

Name of Regular Physician: _____ Phone:_____

Date of last examination: _____ _____ _____
Month Day Year

Health History

Allergies

Antibiotics: _____

Food: _____

Insects Stings or Bites: _____

Seasonal (ie Hayfever or Poison Ivy): _____

Other: _____

Has camper ever had anaphylaxis (severe or life threatening allergic reaction) ☐ Yes ☐ No

Describe: _____

Does your child carry? ☐ an Epi-Pen ☐ a Medical Alert Bracelet ☐ an Inhaler

Current Medical Conditions

Recent illness, operations or injuries (last three months): _____

Is camper under any form of treatment/medication for any illness, condition or injury? ☐ Yes ☐ No

If yes, please explain: _____

Will this condition limit or affect participation in any activity? ☐ Yes ☐ No

If yes, please explain: _____

Immunization History

Are all required immunizations current? ☐ Yes ☐ No

Date of last tetanus immunization: _____/ _____ (Month / Year)

Has had Chicken Pox or has been immunized ☐ Yes ☐ No

General Health issues

Please review the following list and check all that apply to your child

	A			B	
☐	Asthma	☐	Nightmares	☐	Behavioural Conditions* see below
☐	Bedwetting	☐	Nosebleeds (frequent)	☐	Bleeding Disorders
☐	Constipation	☐	Recent Change to Family Structure	☐	Developmental Delay
☐	Ear Infections (frequent)	☐	Sinusitis (frequent)	☐	Diabetes
☐	Fainting Spells	☐	Skin Conditions (Eczema or Other)	☐	Eating Disorders
☐	Headaches	☐	Sleepwalking	☐	Emotional Conditions (Depression)
☐	Hearing Difficulties	☐	Sore Throat	☐	Heart Conditions
☐	Homesickness	☐	Urinary Tract Infections	☐	Inflammatory Bowel Disease
☐	Lice (frequent)	☐	Vision Difficulties	☐	Seizure Disorders
☐	Menstrual Cramps			☐	Other: _____

*(Attention Deficit, Autism Spectrum, Anxiety, Compulsiveness, Opposition Defiant)

Please explain the extent of health issues and treatment:

_____

_____

If you ticked any item under **column "B",** you are required to have your family physician sign your child's medical form.

Does the camper wear glasses/contact lens? ☐ Yes ☐ No
Does the camper have dental appliances? ☐ Yes ☐ No
Does the camper require hearing devices? ☐ Yes ☐ No
Does the camper have an aide at school? ☐ Yes ☐ No

For female campers:
Has the camper menstruated? ☐ Yes ☐ No
If no, has she been told about it? ☐ Yes ☐ No
If yes, is the menstrual history normal? ☐ Yes ☐ No
Special considerations: _____

_____

Medications

Medication being sent with camper (including non-prescription medication)
All medication (including non-prescription medication) will be stored in the Camp Health Centre unless specific arrangements are made with the Camp Director or designate.

Medication Name	**Dosage**	**Administration Times**	**Reason for Taking**	**Storage**

All medication must be in original containers and clearly labeled.

Does the camp's medical personnel have your permission to administer over the counter medications to your child, as required? (such as Tylenol, Antihistamine, Antacid, etc) ☐ Yes ☐ No

Does the camper take any other medication that will not be sent to camp? ☐ Yes ☐ No

If yes, please explain _____

_____

Specific Dietary Needs:

☐None ☐Gluten Free ☐ Vegan ☐ Vegetarian ☐ Vegetarian but will eat poultry

☐Other Medical Dietary Need _____ ☐Lactose Free

_____

Specific activities to be encouraged or limited _____

_____

_____

Authorization

- To the best of my knowledge, this Health Information Form is correct, all medical problems or conditions have been fully noted, and the camper herein described has permission to engage in all camp activities, except as noted.
- I acknowledge that B'nai Brith Jewish Community Camp, its staff and any physicians called upon to provide medical treatment to my child will be relying on the information contained herein concerning my child's medical condition.
- I/we understand that failure to disclose any significant medical/health issues of the camper may result in dismissal of the camper at the discretion of the Camp Director.
- I hereby agree to notify the camp office in writing if there is any change in the health of the camper between the time of completion of this Health information Form and the first day of Camp.
- I hereby give permission for this health information to be shared with the appropriate camp staff and outside medical personnel as necessary.
- I hereby give permission to allow the camper's physician to release to the Camp, medical or other pertinent information about my child, either verbally or in writing, should it be required by the camp (please notify the physician that you have given authorization).
- I hereby give consent and permission for the camper to receive treatment in the camp Health Centre.
- I hereby give consent and permission for the camper to be evaluated and treated by a physician for non-emergency medical care.
- In the event of an emergency, if the parent cannot be reached, permission is hereby given to the camp staff to take whatever steps it deems necessary to ensure the safety and health of the camper.

Parent/Guardian Name _____ Signature _____

Date: _____ Signature_____

Did you check off any health issue noted in column B on page two? ☐ Yes ☐ No
If "yes", please have your child's physician sign the following declaration below.

I, _____, a medical doctor licensed to carry on the practise of medicine hereby certify and declare that the information provided by the parent herein is accurate and correct with respect to the camper's medical condition. To the best of my knowledge I know of no reason why this child should not be able to attend B'nai Brith Jewish Community Camp and participate fully in all of its activities. Any concerns that I may have with respect to the child's medical condition and/or fitness or the information contained herein is hereinafter set forth.

Doctor's concerns:_____

_____

_____

_____ _____
(Physician's Signature) (Date Signed)