FOREST CLIFF CAMP HEALTH RECORD

Medical Information: It is **extremely important** that you fill in each blank space **completely,** clearly and accurately.
Failure to do so will delay the processing of your child's application form.
Do not assume that information is in our database, fill in all spaces.

Full Name:		Birth Date: Day / Month / Year	Male Female
Ontario Health Card No:-	Version:	Expiry Date: Day / Month / Year	
Street Address:		City:	Province:	Postal Code: -

Parent/Guardian Information: (please indicate if there is a parent/guardian with full custody)

Note: In the event of an emergency Forest Cliff Camp will contact parents/guardians in the order recorded below (1-4) unless otherwise noted.

No.	Name	Phone Number	Relationship
1.		H W C	
2.		H W C	

TWO Emergency phone numbers if parent/guardian cannot be reached

No.	Name	Phone Number	Relationship
3.		H W C	
4.		H W C	

Family Physician:	Phone Number:

Allergies (please list all allergies, including food)

Does this person have a **life-threatening allergy**? Yes No If yes, what is it?	Tetanus – Date of last Tetanus Injection: (Must be within the last 10 years) Month / Day / Year

Please specify any **medical condition** that will **require monitoring** while at camp:

Please specify any **medications** currently being taken or taken in the last year:

Medications brought to camp must be in a zip lock bag, clearly labeled with the person's name. When you sign in, **all medications must be given to the nurse**. **This includes all prescription and over the counter drugs**. Camp stocks only one or two brands of pain/fever control, antihistamines etc.

Please add comments on the top of the next page as needed.

Waivers and Conditions of Enrolment: (Please Read Carefully Before Signing)

1. The Camp Director reserves the right to dismiss a camper who in his/her opinion is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of camp. The parent/guardian certifies that the applicant camper is in good physical and emotional health, and amenable to normal camp authority.
2. I, as a parent or guardian, have legal custody of the child applying to Forest Cliff Camp.
3. I, the parent or guardian of the above named child, release Forest Cliff Camps, Inc., its directors, staff and agents from any loss, personal injury, accident, misfortune or damage to the above-named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above-named camper. Ontario Health Insurance or equivalent medical insurance must cover each camper.
4. Permission is given for my child to participate in all Forest Cliff Camp activities.
5. Permission is given for reasonable use of photographs and videos of my child for Forest Cliff Camp promotional materials.
6. Permission is given to provide normal medical attention to my child as needed, including the administration of over the counter medication by the camp nurse at his or her discretion. I also give permission to the physician selected by camp officials to secure proper treatment including hospitalization, injection, anesthesia or surgery for this minor. The parents/guardians are responsible for any additional expenses that may result from such services.
7. I have read and understand all the pages of this application form and I accept the conditions of enrolment.

_____ _____ _____

Parent/Guardian Signature Phone Number Date

Additional Comments:

Section B: (***for nursing staff only***)

Nurses Notes: Please include date, time and full signature with each entry.

	DATE						
MEDICATIONS	Time Ordered	Initial Time Given	Initial Time Given	Initial Time Given	Initial Time Given	Initial Time Given	Initial Time Given

All medications given P.R.N. charted with reason.

Additional Nurses Notes: