



The Ultimate Kids Camp Health Form

FOR OFFICE USE ONLY: QUICK REFERENCE

Special instructions:

Child's First Name: _____

Child's Last Name: _____

Age: _____ Weight: _____ Height: _____ Gender: _____

Health Card Number: _____

Parent's Name(s):

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address:

Doctor's Name: _____ Phone: _____

In Case of Emergency (if parents cannot be reached) please contact:

Name: _____

Relationship to Child: _____ Phone: _____



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Medical History

Please describe any health conditions and their treatment where necessary:

1. Yes No Is your child under treatment for any illness or condition?

Describe _____

2. Yes No Does your child have any fears or phobias?

Describe _____

3. Yes No Does your child have any disabilities - mental or physical?
(Depression, ADD, Hearing, etc.)

Describe _____

4. Yes No Does your child have a history or respiratory problems?

Describe _____

5. Yes No Does your child have a history of asthma?

Describe _____

6. Yes No Has your child been directed to carry an inhaler or other breathing device?

7. Yes No Does your child have any allergies, food, drug, or non-drug?

Describe _____

8. Yes No Is your child allergic to bee stings? (don't know _____)

If yes, answer the following questions:

9. Yes No Has your child been directed to carry an epi kit?



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10. Yes No Will the epi kit be with your child at this camp?

11. Yes No Does your child have a history of heart problems?

Describe _____

12. Yes No Does your child wear glasses?

13. Yes No If yes, are they required at all times?

14. Yes No Has your child had any major injuries i.e. head, back, neck, knees,
or broken bones?

Describe _____

15. Yes No Is your child on a special diet?

Describe _____

16. Yes No Is there any physical activity your child's doctor has restricted your
child from doing?

Describe _____

17. Yes No Does your child have a condition requiring regular medication
(diabetes, epilepsy, etc)?

Describe _____

18. Yes No Does your child take psychotropic or mood altering drugs
prescribed by a doctor?

Describe _____

19. Yes No If yes, has the dosage changed within the past three months?

Describe _____



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20. Yes No Will your child be bringing medication to camp?

Name of medicine, for what illness, dosage and times taken:

21. Yes No If your child takes medication, does the medication effect your child's health in certain situations such as strenuous exercise, hot weather, dehydration, direct sunlight, etc?

Describe _____

22. Yes No I have answered the above questions accurately and completely.

23. Yes No I believe that my child is in good health, and I affirm that his/her participation in this program will in no way aggravate any conditions present. If in doubt, I will seek and follow medical advice for my child.

24. Yes No The staff at Empower Kids Canada / Fire Mountain has my permission to seek or administer emergency care to my child in the event that I am unable to respond.

Parent(s) signature(s):

Print Name	Sign	Date
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Print Name	Sign	Date
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