



Camper Health Form

Summer 2010

RETURN TO ROCHESTER OFFICE BEFORE JUNE 1, 2010

Camper Name _____

Parents Name(s)

_____ home ph _____ work ph _____

Emergency contact (other than parent)

_____ phone _____

Child's doctor

_____ phone _____

Insurance/OHIP provider: _____ policy # _____

To be completed by physician:

DOB Age Weight Height Pulse BP

Does the camper require medications?

Please specify these and give instructions. All medications will be kept and administered by the Camp Nurse

Are the camper's immunizations up to date? (attach records) Yes No

Has the camper had a tetanus booster in the last five years? Yes No

Does the camper have asthma? Yes No

Does the camper have allergies to: foods, medicines, insects, substances? Yes No

Please Specify, and give procedures to follow if allergic or asthma reactions occur:

Health history: hospital admissions, surgeries, serious injuries or illnesses, chronic or current injury, illness, or condition (use additional sheets as needed):

To the Physician and Parent

Please share any health information or concerns for the camper Pathfinder should know:

The Physician

I have examined the camper and reviewed his health history. To the best of my knowledge, the camper is in good health, and can participate in the Camp program, including vigorous activities such as swimming, athletics, canoeing, hiking, and back country trips, except where noted.

Physician signature _____ date _____

The Parent

Do you give Camp Pathfinder permission to administer over the counter medications (e.g. Tylenol, Pepto-Bismol, Calomine Lotion, Benadryl) to your child as needed?

Yes _____ No _____

In the event you can not be reached in an appropriate amount of time, do you give permission to the Director of Camp Pathfinder to permit a physician caring for your child to provide necessary care?

Yes _____ No _____

I desire my child to participate in the full camp program and all activities including canoe tripping, unless I advise the Camp as to any restriction in writing. In consideration of the acceptance of my child into the camp program, I hereby release Camp Pathfinder its officers and employees, from all claims arising from my son's participation in camp activities. I authorize the camp to secure medical treatment for my child when appropriate. If for any reason my child requires medical attention beyond that furnished by the camp, I agree to be responsible for any expenses incurred. I acknowledge that the camp activities and any medical treatment will be performed in the Province of Ontario, and that the Courts of Ontario shall have exclusive jurisdiction over any claims, legal dispute or cause of action arising out of my child's stay at Camp Pathfinder. I hereby agree that if I commence any legal proceedings, they will be held only in the Province of Ontario, and I hereby irrevocably submit to the exclusive jurisdiction of the Courts of Ontario.

Parent signature _____ date _____