



Camper Health Form
 Summer 2012
RETURN TO CAMP OFFICES BY FAX OR EMAIL

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

- | | | |
|---|-----|----|
| 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 use the attached sheet to give specific information and instructions for your camper.

Does the camper have allergies, asthma, sensitivity to foods/substances?
 Does the camper require medications to be administered as needed or daily at camp?
Please specify these and give instructions. All medications will be kept and administered by the Camp Nurse.

Medication information (continued)

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

To the Physician and Parent

Please share any other 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 _____

By Mail: 35 Park Lane, Rochester, NY 14625
By Fax: 585-249-0716 until May 1 / 705-633-5500 after May 1

Additional Comments: