

2010 RRBC Camper Health Medical Form

Please mail Registration together with Medical form to: Red Rock Bible Camp, 204 – 310 Main St, Steinbach, MB R5G 1Z1

This medical form must be **returned with the Camp registration form**. Camper **will NOT be accepted** without it.
Note: For campers with asthma, allergies or other more severe health issues, please see doctor's statement on reverse.

First name: _____ Last Name: _____ M F

Mailing Address/Town and Province: _____

Postal Code: _____ Phone #: _____ Age: _____

Birthday ____/____/____
 dd mm yyyy MHSC #: _____ PHIN #: ____/____/____

Camper's Doctor: _____ Phone #: _____

Session attending Camp: _____ Dates attending: _____

In case of Emergency:

Mother's Name: _____ Home #: _____ Work #: _____

Father's Name: _____ Home #: _____ Work #: _____

Phone # parent can be reached at during camper's stay at camp (if different than above): _____

Alternate contact person: _____ Phone#: _____

Relationship to camper (Please circle) Grandparent Aunt Uncle Friend Other

Health History:

Date of last physical exam: _____ Are immunizations up to date: Yes No

Date of last Tetanus shot: _____

Please list any allergies to food, medication or other (such as pollen, dust, pets etc.)

Asthma: No Yes, what triggers an attack?

Treatment:

If your child has asthma, or if your child has any allergic reactions that require medication or medical attention to treat it, have a doctor fill in the statement on the reverse side of this sheet.

NOTE: Red Rock's closest medical facility is about one hour from camp.

Is the camper subject to: (please check)

ear aches bedwetting sore throat stomach aches cough frequent head aches migraines
 sleep walking eye problems seizure disorder other:

To assist the nurse in providing treatment for any of the above, please explain how you treat the condition (e.g. 1 Tylenol, rest, etc.)

Does the camper have any other current physical/psychological/emotional or behavioral conditions?

(e.g. Diabetes, epilepsy, attention deficit disorder, any phobias) Please list and explain treatment.

Signature: _____ Date: _____

Print Name _____

Activity restrictions No Yes, please explain.

Females: menstruating Yes No Is aware of it's possible onset/concerns

Medications:

List any medication, dosage and time(s) camper is taking:

PLEASE NOTE: All medication must be sent to camp in the **ORIGINAL CONTAINER**. Please send a sufficient supply plus **detailed instructions** regarding the administration. Medications will be administered by the camp nurse.

I herewith give consent for the camp administration to secure medical treatment in the event of an emergency. I give permission for the medical staff to administer medication. I give permission for qualified staff to administer and Epi pen if needed. In such situations, the camp will attempt to notify the parents as soon as possible.

I the parent/guardian am responsible for any additional expense that may result from such services.

I will notify the camp in writing if any change occurs in the camper's health within 6 weeks prior to attending camp.

I certify that the information given in this medical form is complete and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:** _____.

Note: In the event of serious illness, accident or other emergency, parents/guardians will be contacted.

If camper has asthma, or an allergy that requires medication or medical attention to treat it, or if camper has been exposed to an infectious disease or serious illness within the past six weeks, or has any other medical problem, please have your medical doctor complete the medical doctor's statement.

Medical Form must accompany Registration Form

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MEDICAL DOCTOR'S STATEMENT

I have examined (Camper's name): _____.

Recommendations:

Physical Activity restrictions:

Medications:

Remarks:

Physician's Name: _____ Phone: _____.

Signature: _____ **Date:** _____.