



## Medical Checklist & Consent Form

This checklist must be received by April 1, 2019 or your camper will not be placed in a camp group. A separate checklist is required for **each** child registered. Check each box that relates to the camper listed below, and provide comments if necessary:

Camper's Name: \_\_\_\_\_

Camper's Health Card #: \_\_\_\_\_ Camper's D.O.B: \_\_\_\_\_

- ADD/ADHD
- Allergies \*If your child carries an Epi-Pen for any allergy, you must also complete the Allergy Management Form
  - Insect: specify \_\_\_\_\_
  - Nut
  - Milk
  - Wheat
  - Other: specify \_\_\_\_\_
  - Hay fever
  - Mold
  - Dust
  - Latex
  - Medication (e.g. penicillin), specify \_\_\_\_\_
- Anxiety: list triggers \_\_\_\_\_
- Asthma
- Diabetes
- Ear Infections
- Eczema
- Fainting
- Fears
  - Animals
  - Snakes
  - Spiders
  - The dark
  - Storms
  - Other: \_\_\_\_\_
- Homesickness
- Incontinence
  - Day
  - Night
- Migraines
- Nosebleeds
- Panic attacks
- Seizures
- Sinus Infections
- Urinary Tract Infections
- Wears eyeglasses or contact lenses
- Wears hearing aids

Learning Challenge: specify \_\_\_\_\_

If your child struggles with reading or writing, this would be helpful information so that accommodations can be made discreetly, if necessary, during the daily Bible readings, daily quiz, or in the classroom setting.

Other: specify \_\_\_\_\_

**The above named child has no medical concerns that the Camp needs to be aware of.**

Will you be sending medication with your child to camp? No / Yes for Treatment of: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

**\*\*Please note: if there any changes to medication/dosage prior to Camp, you are responsible to contact the registrar.**

I, \_\_\_\_\_, give permission for my child to attend the Manitoulin Christadelphian Youth Camp being held July 20-27,2019. I affirm that the medical information provided is correct. I give permission to those in charge of medical care to administer first aid and seek emergency medical care when they deem necessary.

Parent/Guardian Emergency Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_