

**Ontario Parks & Recreation Summer Day Camp
CAMPER'S HEALTH RECORD**

THIS FORM IS TO BE RETURNED UPON REGISTRATION TO: ONTARIO PARKS & REC. DEPT.

Name _____

Address _____
Street Town State Zip

Phone # _____ DOB _____ Gender: M or F Grade _____ Age _____
(grade just completed) (entering camp)

Mother's Name _____ Work phone # _____

Mother's Employment _____

Father's Name _____ Work phone # _____

Father's Employment _____

If not available in an emergency, please notify:

Name _____ Relationship _____ Phone # _____

Address _____

Are there limitations on who may pick up the camper after each session? _____

MEDICAL HISTORY

Family Physician _____ Phone # _____

Dentist/Orthodontist _____ Phone # _____

Date of last physical exam _____ Date of last dental exam _____

***Answer using: N = No P = Past R = Recent X = Recurring ***

_____ Respiratory/Sinus Infections	_____ Ear Infections	_____ Motion Sickness
_____ Diarrhea/Vomiting/Cramps	_____ Liver Disorders	_____ Hernia
_____ Urinary Tract Infections	_____ Nervous Disorders	_____ Epilepsy
_____ Arthritis or Joint Injuries	_____ Chicken Pox	_____ Measles
_____ Convulsions/Seizures	_____ German Measles	_____ Mumps
_____ Emotional/Behavioral Problems	_____ Heart Disease/Rheumatic Fever	
_____ Head Lice	_____ Abnormal Blood Pressure	
_____ Bleeding/Clotting Disorders	_____ Menstrual Problems	_____ Migraines/Headaches

CURRENT MEDICAL\PHYSICAL LIMITATIONS

Answer using Y = Yes N = No

_____ Eyesight Impairment	_____ Corrective Lenses	_____ Hearing Impairment
_____ Speech Impairment	_____ Learning Disability	_____ Asthma
_____ Phobias/Fears	_____ Tuberculosis	_____ Sun Sensitivity
_____ Diabetes/Abnormal Blood Sugar	_____ Does camper carry inhaler, injectable substances?	

Allergic to: _____ Bee/ Wasp _____ Pollen / Plants _____ Poison Ivy
_____ Animals _____ Milk _____ Sulfites
_____ Other Foods _____ Aspirin _____ Penicillin
_____ Other Drugs/Substances

Describe Allergic Reaction _____

_____ Other Chronic/Recurring Illness	_____ Recent operation or sutures
_____ Recent Exposure to contagious Disease	_____ Current or past physical therapy
_____ Currently taking medication or therapy or receiving medicine or treatments	

Explanations or Details for any: yes, recent or recurring answers: _____

IMMUNIZATIONS HISTORY

Please provide at least, month & year for each vaccine

(Diphtheria, Pertussis & Tetanus)

DPT - First _____ Second _____ Third _____

DT - First _____ Second _____ Third _____

Last Booster (either DPT or DT) First _____

Polio First _____ Second _____ Third _____

Measles _____ Mumps _____ Rubella _____

RESTRICTIONS Answer Y – Yes N – No

_____ Dietary _____ Endurance Sports (Soccer, jogging, etc.)

_____ Water Sport _____ Stress Sports (Sprint races, etc.) _____ Overnight Camping

_____ Hiking _____ Archery _____ Other activities

_____ Contact Sports (Football, wrestling, etc.)

Explanation for YES answers _____

INFORMATION FOR COUNSELORS

Favorite Activities _____

Disliked Activities _____

Recent change in camper's life (family move, divorce, etc.) _____

INSURANCE

Is camper covered by medical\hospitalization insurance? _____.

If yes, carrier: _____ Policy\Group #: _____

Does policy require approval of primary care (family) physician or medical group prior to treatment?

If yes, Phone # _____.

PARENT'S / GUARDIAN'S EMERGENCY AUTHORIZATION

To the best of my knowledge, the information provided on this health form is correct and this camper has permission to engage in all camp activities, except as noted by me.

I hereby give permission for the medical personnel selected by the camp director to treat my child for all illness\ injury and to order x-rays and routine test as necessary. In the event I cannot be reached in an emergency, I give permission to the physician chosen by the camp director or camp medical director to secure proper treatment for, to hospitalize and to order sutures, injections, anesthesia, surgery, tests, x-rays or other treatments as medically appropriate for my child.

I agree to be responsible for any medical bills resulting from illness or injury during my child's attendance at camp.

Date

Parent \ Guardian Signature