

**CHILD CONSENT AND HEALTH FORM  
TROLLFJORDEN LANGUAGE AND CULTURAL CAMP**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Name/Number \_\_\_\_\_ State/Province \_\_\_\_\_

**Health Care Status Information (Minor persons at camp)**

1. Has your child been exposed to any communicable diseases within the past 2 months? \_\_\_\_\_

If yes, what? \_\_\_\_\_

2. Are his/her immunizations up to date? \_\_\_\_\_ Date of last Tetanus booster \_\_\_\_\_

3. Does your child have any allergies? \_\_\_\_\_ Please List \_\_\_\_\_

Severity and type of reaction \_\_\_\_\_

Usual Treatment \_\_\_\_\_

(If child requires medication, please send this to camp with the child and have them give it to the camp nurse.)

4. Does your child have any health problems which require medication or special treatment?  
i.e. diabetes, heart, epilepsy, injury, illness, etc.? \_\_\_\_\_

5. Medications (Please list and include dosage and times.)  
\_\_\_\_\_

**Children's medications must be retained by the camp nurse and administered by the camp nurse. Please label them clearly, including the dosage and schedule. If your child carries an inhaler, it is recommended that a back up inhaler be left with the nurse in case of loss.**

To the best of my knowledge, my child is in good health and may participate in all camp activities with the exceptions identified below.

Exceptions and Reasons \_\_\_\_\_

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Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ hereby give my consent for the camp nurse to administer First Aid to my child while attending Trollfjorden Culture Camp. I understand that First Aid includes the assessment and treatment of minor illness and injury. If required, this includes the administration of non-prescription medications including topical ointments to prevent infection of minor wounds, pain or fever medications such as Tylenol, and medications for upset stomach or diarrhea such as Pepto Bismol providing there is no indication of allergy to them as listed above. I also give consent for the camp nurse to arrange for transportation of my child to a medical facility if in her opinion the child requires assessment/treatment by a physician. All reasonable efforts will be made to contact the parent/guardian as soon as possible if physician assessment is required. I absolve Trollfjorden from liability in acting on my child's behalf. Exceptions (if any)  
\_\_\_\_\_

Signature Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_