

# *Bjørnetann Camp Consent and Health Status Information*

**Adults** at Camp must submit this Health Form (Including Staff)

*All information held in the strictest confidence. For use by Nurse only.*

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

Street address

City/Town

Province/State

Postal/zip code

Telephone Residence: \_\_\_\_\_ Business : \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Care #: \_\_\_\_\_ Province/State: \_\_\_\_\_

Contact Person at camp: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Special diet considerations? \_\_\_\_\_

\_\_\_\_\_

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## **Health Status Information (Adults)**

1. Are your immunizations up-to-date? \_\_\_ Date of last Tetanus booster: \_\_\_\_\_

2. Do you have any Allergies? \_\_\_ Allergic to: \_\_\_\_\_

Severity & Type of reaction: \_\_\_\_\_

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

3. Do you have any health problems which require medication or special treatment? \_\_\_\_\_

(e.g. Diabetes, heart disease, epilepsy, injury, illness, etc?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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## **Consent for First Aid Assessment and Treatment (Adults)**

I \_\_\_\_\_ hereby give my consent for the camp nurse to administer First Aid to me while attending Bjørnetann 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 medication for upset stomach or diarrhea such as Pepto Bismol providing there is no indication of allergy to them as listed above.

I also give my consent for the camp nurse to arrange for transportation of me to a medical facility if, in her/his opinion, I require assessment/treatment by a physician.

Exceptions (if any):

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