

Bjørnetann Camp Consent and Health Status Information

Minor children at Camp must submit this Health Form

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

Name of Parent/Guardian: _____ Phone #: _____

Family Doctor: _____ Telephone: _____

Health Care #: _____ Province/State: _____

Accompanying Adult (for ages 10 and under): _____ Relationship: _____

Special diet considerations? _____

Health Status Information (*Minor children*)

Has your child been exposed to any communicable diseases in the past two months? _____

If yes, to what? _____ Are his/her immunizations up to date? _____

Date of last Tetanus booster? _____

Does your child have any allergies? _____

Severity and type of reaction: _____

Usual treatment: _____

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

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 medications clearly including the dosage and schedule. (If your child carries an inhaler(s) 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 exemptions identified below.

Exceptions and Reasons: _____

Date: _____ Signature: _____

Consent for First Aid Assessment and Treatment (*Minor Children*)

I _____ hereby give my consent for the camp nurse to administer First Aid to my child while attending Bjørnetann Camp. I understand the 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 my child to a medical facility if, in her opinion, the child requires assessment/treatment by a physician. All reasonable effort will be made to contact the parent/guardian as soon as possible if physician assessment is required.

Exceptions (if any): _____

Date: _____ Signature Parent/Legal Guardian: _____