

MEDICAL INFORMATION FORM

UNICAMP CONTACT INFORMATION FORM

Name (last, first, preferred): _____

Date of birth (dd/mm/yy): _____

Allergies (severe): _____

Health Card Number (with version code): _____

Address _____

Parent/Guardian:

First _____ Last _____

Relationship to child _____ Phone _____,

Alternate Emergency Contact:

#1 Name _____ Relationship to child _____

Phone numbers _____, _____, _____

#2 Name _____ Relationship to child _____

Phone numbers _____, _____, _____

#3 Name _____ Relationship to child _____

Phone numbers _____, _____, _____

My child requires regular scheduled medication or as required medication ___yes ___no

*if yes please use attached Medication Administration form to list medications, regular time taken and method of administration.

*healthcard must stay with child at camp

Name _____

UNICAMP CAMPER INFORMATION FORM

Allergy	Type (eg. Airborne, contact, etc.)	Severity	Treatment

*Is your child aware of their allergies __yes __no

*Should your child have an unexpected allergic reaction or other medical condition do you grant permission for the camp first aider to provide traditional or homeopathic medication as they deem appropriate?

Traditional (eg. Tylenol, Reactine) __yes __no

Homeopathic __yes __no

Dietary Restrictions	Reason	Reaction	Alternative options

*Is your child aware of their restrictions __yes __no

Please list any and all concerns your child may have while at camp so that we can best support their needs. (eg. Bed wetting, nightmares, fainting, nose bleeds, resent changes in household)

Symptom (eg. Headache)	Strategies to cope/assist (eg. Water, Tylenol)	Likely cause (eg. Fatigue, dehydration)	Is child aware and comfortable with symptom? (eg. No doesn't want other to know)

Parent/Guardian signature_____

Date_____

UNICAMP PERMISSION FORM

Campers participating in Unicamp* will be involved in various activities and physical challenges which have the potential to cause damage or bodily injury. I consent to for _____ to participate in all activities appropriate for their age and skill set (eg. Caving and swimming). I give permission for Unicamp* to take _____ off Unicamp* property as part of any organized excursion or in the case of any medical emergency**.

Unicamp* reserves the right to request the camper withdraw from camp at any time if in the sole opinion of the Camp Director the camper is not acting in a safe and responsible manner.

*Unicamp refers to all officers, directors, employees and insurers of the camp

Print name (parent/guardian) _____

Sign _____ Date _____

**Should the camper require emergent transportation all expenses will be paid for by the legal guardian.