



Maritime Conference of the Seventh-day Adventist Church Inc.

Camp Pugwash 2018

2171 Gulf Shore Road Pugwash NS B0K 1L0 902.243.2097

2018 CAMPER MEDICAL INFORMATION FORM

Camper Name _____ Last name, First Name DOB _____

Parent/Guardian Name _____

Address _____

Emergency Contact Phone _____ Cell _____ Work _____

Family Physician _____ Phone _____ City _____

Health Card Number _____ Expiration Date _____

Please have your health card with you or supply a copy of your health card.

List any current medications:

Medication	Dosage	Route	Time of Day

Does the camper have difficulty with any of the following:

Asthma ___yes ___no Epilepsy ___yes ___no If yes, date of last seizure: _____

Diabetes ___yes ___no Bed wetting ___yes ___no ADD/ADHD ___yes ___no

Other ___yes ___no _____

Allergies _____

Medical Conditions: _____

Please list any **special** dietary needs: _____

Is Tetanus Immunization up-to-date? ___yes ___no

At registration, please notify the camp First Aid Attendant if the camper has been exposed to any communicable disease in the two weeks prior to attending camp.

Camper Medical Consent: *Signature Required*

I, the undersigned parent or guardian of the camper named in this form, do hereby consent, for the duration of the camp, to any X-ray examination, anesthetic, medical and/or surgical diagnoses or treatment and hospital service that may be rendered to said minor under the general or specific instructions of any physician or at any licensed hospital.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize the camp director and/or camp medical staff or the physician to exercise their best judgment to the requirement of such diagnosis or treatment.

I hereby authorize any hospital, physician or other person who has attended or examined the minor to furnish to the Insurance Services or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment and copies of hospital or medical records.

A photocopy of this authorization shall be considered as effective and valid as the original.

Parent/Guardian Signature

Date

*** Camp Pugwash has a no nit policy. All campers are subject to a head check at registration time. Measures will be taken for discreetness. Any camper found to have head lice will be sent home for treatment and will be allowed to return after the First Aid Attendant re-checks.**