



Camper Health History Form

What do I do with this form?

1. The Parent/Guardian is to fill out this entire form.
2. Complete section A and C any time between now and when your child attends camp.
3. Section B must be completed ONE WEEK prior to camp and emailed to campqueenelizabeth@gmail.com. This ensures that we receive the most current information about your child.
4. Section D must be completed by all Leadership 1: DEL, Leadership 2: Venture LIT and 1-2 week outtrip program participants.
5. **DO NOT PACK THIS FORM** in your child's luggage. It must be emailed to campqueenelizabeth@gmail.com one week prior to your child's arrival at camp.
6. Upon arrival at camp your camper will visit the Camp Physician or Nurse to review their health history form and collect and medication. Please make sure your child knows where any medication is packed in their luggage so they can hand it in on the first day.

Section A (Click on highlighted area to type)

Camper's Name

Age

Birth date

Health Card Number

Version Code (if applicable)

Other Insurance

If camper has had any of the following, please check:

- | | | |
|--|---|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Measles, German | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Red Chicken Pox | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mumps | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Hernia | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Fainting | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Crohn's or Colitis | <input type="checkbox"/> Impetigo |
| <input type="checkbox"/> Digestion Problems | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Learning Disability | | |

Any other physical or mental wellness concerns, please specify:

Section B

(Please complete this section within one week of camp) In case of illness or medical emergency, notify:

1. Name	Relationship
Cell Phone	Alternate Phone
2. Name	Relationship
Cell Phone	Alternate Phone
3. Name	Relationship
Cell Phone	Alternate Phone

In the past four weeks, has the camper had or been in contact with:

Lice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whooping Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Impetigo	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cold	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flu	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Campers who have a communicable illness within a week of coming to camp may be asked to delay their arrival at camp or may be asked to leave camp at the discretion of the camp director.

Please ensure that you do a lice check prior to camp.

In the past year, has the camper experienced a head injury: Yes No

In the past year, has the camper been hospitalized: Yes No

In the past four weeks, has the camper visited the emergency room: Yes No

If yes to any of the above, please provide details of of illness/injury/treatment:

Section C

ALLERGIES AND DIETARY RESTRICTIONS

At CQE we are committed to creating a safe and inclusive environment for everyone. With this in mind we have a number of campers with severe food allergies. We recognize that nut allergies are a common concern and because of this our camp is a nut sensitive site. While our camp works to limit the introduction of nut products in our space, we do carry some products that may contain traces of nuts. If your camper has a severe allergy to nut products or any other food allergy, we will not serve that camper food that contains or may contain traces of the allergen, however that allergen may be present at camp. An anaphylaxis policy and emergency protocol are in place to ensure that campers with severe allergies are identified, and the camp will work towards eliminating camper contact with the allergen.

Allergies:

Penicillin Bee/Wasp stings Food Other Drugs Animals Environmental Other

Please provide details: _____

Carries Epi-Pen: Yes No Wears Medic-Alert Bracelet: Yes No

If your camper requires an Epi-Pen, please send them with a minimum of two Epi-Pens.

Dietary Needs or Restrictions: Vegetarian Lactose Intolerant Gluten Intolerant

Other: _____

IMMUNIZATION HISTORY

Is the camper fully immunized against: (Please check if yes)

Poliomyelitis Pertussis Diphtheria Tetanus

Date of most recent booster tetanus toxoid: _____ Polio Vaccine: _____

PHYSICAL AND MENTAL HEALTH HISTORY

Please share any any physical or mental health information that may be useful to the camp physician/ nurse or camp staff in supporting your camper while at camp.

MEDICATION

If there are medications, treatments, or injections to be given at Camp, state when, what dose, what route of entry, and what time they are to be administered. Please note that medications are administered after meals and before bed. If an alternate arrangement is required, contact the Camp Director. All medications should be brought to camp by the camper in their original packaging. Medication is administered by our volunteer doctor/nurse or a designated staff member. There may be up to 24 hours where the medical volunteer is off site, in which case a designated staff member would administer the medication. When campers leave the site, medication is administered by a designated staff person on their trip. Campers may also be provided with over the counter medication by camp staff or the medical volunteer while on site or on trip. This medication will be administered as per the instructions on the label.

Height: _____ Weight: _____

Physician's Name: _____ Phone: _____

In the event that further information regarding my camper is required by the camp, I hereby authorize the Camp Director or their designate to contact my camper's personal physician. To the best of my knowledge, this camper is in good health, is physically able to participate in all camp activities, except as previously indicated, and has not been exposed to any infectious disease within four weeks prior to camp. If he/she becomes exposed to any infectious disease between now and the time of departure for camp, I understand the camp must be notified. I, the undersigned, authorize the Camp Director or his/her designate, in the event of accident or illness affecting my child, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as she/he may deem essential for the care and well being of my child. Such action is only to be taken in an emergency or when immediate contact with the undersigned cannot be made.

Name: _____ Signature: _____ Date: _____

Section D (Only fill this section out if your camper is attending a one or two week tripping program, Leadership 1: DEL, or Leadership 2: Venture LIT program)

For our participants on extended backcountry canoe trips, it is important to understand the unique risks associated with being in the backcountry. The physical conditions and activities are demanding, the food is high in carbohydrates and grains, resources are limited, it may take up to 24 hours to receive medical attention, and individuals in distress may need to be transported to a suitable evacuation point. Extended and remote trips (all trips not including those on Georgian Bay near camp) will have a staff member trained in Wilderness First Aid, a fully stocked backcountry first aid kit, and a satellite communication device. However, it is important that we receive a comprehensive physical and mental medical history in order to appropriately manage the risks associated with backcountry travel. It is also advised to pack extra medication so that a back up supply can be stored separately from the main supply, and to pack a minimum of 3 Epi-Pens if you require one. We reserve the right to remove someone from the trip portion of a program based on our evaluation of the medical risks. If there is any additional information you can share that would be helpful in ensuring that your camper has a positive experience, please share it here:

I, _____ (parent/guardian name) authorize the trip leader to administer medication in the event of a illness/injury that requires the administration of prescription medication while on overnight hiking or canoe trip as part of the YMCA Camp Queen Elizabeth program. I, the undersigned, authorize the Camp Director or his/her designate, in the event of accident or illness affecting my child, to authorize on my behalf administration of prescription medication as she/he may deem essential for the care and well being of my child. Such action is only to be taken when immediate contact with the undersigned cannot be made.

Name: _____ Signature: _____ Date: _____

Please sign to indicate that you are aware of the unique risks associated with backcountry travel:

Name: _____ Signature: _____ Date: _____