

Kawkawa Camp and Retreat

CONFIDENTIAL MEDICAL FORM

INSTRUCTIONS: Parents, please have this form completed and mailed or faxed in 7-10 days before camp is scheduled to start:
Fax 1-866-545-9359

This gives us the most current medical history for each camper. All medication brought to Kawkawa **MUST** have the campers name on it and be given on opening day to the First Aid Person. They will dispense it as directed by the Physician/Parent/Guardian. Prescription drugs must be in the original container.

EVERY PERSON MUST BE COVERED BY THE B.C. HEALTH PLAN OR EQUIVALENT POLICY

___ Camper ___ L.I.T

___ Work Crew ___ Staff

Date of Camp attending _____

Camper's Name _____

Care Card # _____

Date of birth (D -M-Y) _____ Home Address _____

City _____ Postal _____ Mother's Name _____ Phone _____

Father's Name _____ Phone _____

1. Name allergies (including food) _____ Name reactions _____

2. Is your child now under medical treatment? (Explain) _____

Name of medication your child is currently taking _____

3. List illnesses or injuries requiring medical attention in last 12 months OR has your child been in contact within the past week with any of communicable conditions (i.e.strep throat, chicken pox, flu, or others?) If yes, please explain _____

4. Check if you have any **objection** to your child taking any of the following medications if necessary

___ Cough Syrup (no Codeine) ___ Decongestant ___ Tylenol ___ Advil ___ Throat Lozenges ___ Gravol ___ Pepto Bismol

5. Is your child's immunizations up to date? Y / N _____ Is there a bed wetting problem? Y / N _____

6. Are there any conditions, medical or otherwise that we should know about? _____

MEDICAL WAIVER:

Camp programs are filled with lots of physical activity and in spite of all Kawkawa's on-going efforts to maintain adequate and safe supervision; it is possible for accidents or injuries to occur. I expect the Kawkawa staff to treat my child in a kind and responsible manner, but I realize mishaps can happen, and knowing this I release Kawkawa Camp from any and all liability unless caused by direct negligence of Kawkawa Staff. Should an injury require emergency treatment which would be delayed by efforts of contacting me, I hereby grant permission to the First Aid Attendant or Camp Director to authorize medical treatment and to inform me as soon as possible.

Signed By _____ Signature _____ Date (D -M-Y) _____

(Please Print)

(Parent or Guardian)