

AFL Kids' Camp 2015

Camper Personal Health and Information Form For AFL/Centre for Outdoor Education/Goldeye

Please fill in and return to the AFL before July 13th. Fax to 780-484-5928, scan and e-mail to afl@afl.org or enclose in the attached self-addressed envelope.

Please print clearly. Read the entire form before completing. This form must be completed for each camper and signed by parent or guardian and returned to the AFL before July 13th. If you do not have time to return the form to the AFL, please ensure the form is brought to camp or buses. **This form must be at camp with the Director – no exceptions!**

The information on this form will be treated with confidentiality and used at the discretion of the Camp Director and Nurse to ensure care and attention is given to the health of your child. We are working to provide a safe and enjoyable summer camp for your child. To provide the care your child deserves we need as much information as possible about their health, abilities, habits, likes and dislikes. We would appreciate you giving the following questions your careful attention.

General Information (please print)

Camper's Name: _____

Age: _____ Gender: _____ Birth Date: _____

Height: _____ Weight: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ Postal Code: _____ Phone (day): _____

Phone (night): _____ Cell Phone: _____

E-mail Address: _____

Alberta Health Care #: _____ Subscriber's Name: _____

Blue Cross #: _____ Subscriber's Name: _____

Other Insurance: _____

Family Doctor: _____

Address: _____

Doctor's Phone: _____

Emergency Contacts (please provide two contacts)

1. Name: _____ Relationship: _____
Home #: _____ Work/Cell #: _____
2. Name: _____ Relationship: _____
Home #: _____ Work/Cell #: _____

Medical History

The camp program will include hiking, swimming, rappelling, boating, games, etc. If your child suffers from any physical or emotional disorder that would prevent him/her from participating fully in the camp program, please state particulars:

Please provide any special instructions for staff regarding the camper's health care:

Please provide a list of allergic reactions to drugs, food, insect stings, etc. and list the type of reaction and treatment. **For each allergy, please indicate contact or ingestion.**

Allergy/Treatment

Contact (C) or Ingestion (I) Allergy

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Are you allergic to bee stings? _____ If yes, do you carry medicine? _____

Name of medicine: _____ Nature of reaction: _____

Dietary restrictions: _____

Date of last tetanus shot: _____ Corrective lenses required? _____

Chronic conditions or recent illness which the staff should be aware of:

List all medications your child will be bringing to camp, include dosage and purpose of medication (**all medication, including non-prescription drugs, must clearly display the camper's name, the type of medication, the dosage and frequency. It will be stored and dispensed by the camp director or designate**):

Any other comments about the camper's health:

Name any illness or condition for which your child is now undergoing treatment and list any medications that he/she are currently taking:

If your child has had any of the following conditions, state the year of occurrence and the body location in which it occurred:

Hernia _____ Fracture _____

Dislocation _____ Sprain or Strain _____

Name any injury, illness, or disability not mentioned, and year of occurrence:

If your child has or has had any of the following symptoms or conditions, circle "Yes," ***underline specifics***, and provide sufficient details. If not, circle "No."

- | | | |
|---|-----|----|
| (a) Is he/she a transplant recipient? | Yes | No |
| (b) Cardiac disease/condition | Yes | No |
| (c) Active orthopaedic problem | Yes | No |
| (d) Atlantoaxial Instability (AAI) | Yes | No |
| (e) Abdominal organ enlargement | Yes | No |
| (f) Does your child have any medical condition for which your doctor has advised you to limit the physical activity you do? | Yes | No |

(*Please note that any information provided to us about your medical conditions will be kept entirely confidential. Your group will not know what you have revealed. However, it is very important that you advise us of any of the above conditions because participating in the Challenge Course can have adverse and potentially severe consequences for these conditions.)

Provide any details in regard to any questions to which you have circled "Yes":

Please list any serious fears your child might have (i.e., water, dark):

Is your child a bed wetter? _____ Does your child sleepwalk? _____

Has your daughter begun her menstruation? _____

During stressful times, such as camp, young girls have been known to begin their menstruation as young as 8 and 9 years of age. If your daughter has begun, we are sure she will be attending camp prepared. If not there will be a registered Nurse present during the camp and any necessary sanitary products will be provided.

Sanitary Napkins Yes/No Tampons Yes/No Pamprin/Midol Yes/No

Any special instructions?



Personal Information

Grade completed: _____ School: _____

Has your child been to summer camp before? _____ Where? _____

What does your child like to do the most? _____

Can your camper swim 25 metres? _____ Swimming Level: _____

How do you describe his/her eating habits? _____

Does the camper have any food dislikes? _____

Ages of brothers and sisters? _____

What are your expectations of the camping experience? _____

What are your special expectations for your camper? _____

Parent/Guardian's Signature: _____

Camper Agreement

While at the Alberta Federation of Labour Kids' Camp at Camp Goldeye, I agree to try all camp activities, follow the rules of the camp, try to make new friends and have lots of fun!

Camper's Signature: _____