

Attach
School
picture

CAMP MASSAD MEDICAL FORM

To be filled out by Parent/Guardian. Use back of form if room is needed

N.B. All information on this form will be kept in strict confidence.

Complete answers will help Camp Massad provide a safe and enjoyable summer for each camper!

YEAR: _____ SESSION: _____ M ___ F ___ Weight _____ (lbs. /kg.)

LAST NAME: _____ FIRST NAME: _____

BIRTH DATE: M _____ D _____ Y _____ NICK NAME: (if applicable) : _____

ADDRESS: _____ CITY: _____ POSTALCODE/ZIP: _____

PROVINCIAL MEDICAL #:(6 digit) _____ PHIN:(9digit) _____

OTHER INSURANCE COVERAGE (INCLUDE COMPANY NAME AND POLICY #):

MOTHER (GUARDIAN):

FATHER (GUARDIAN):

LAST NAME: _____ LAST NAME: _____

FIRST NAME: _____ FIRST NAME: _____

ADDRESS: _____ ADDRESS: _____

HOME PHONE: _____ HOME PHONE: _____

BUSINESS PHONE: _____ BUSINESS PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

E-MAIL: _____ E-MAIL: _____

DOCTOR'S NAME: _____ PHONE #: _____

DENTIST'S NAME: _____ PHONE #: _____

(If your child is under the care of a mental health professional please provide his/her name and phone #)

IN CASE OF ACCIDENT/ILLNESS-PARENTS WILL BE NOTIFIED. IF PARENTS NOT AVAILABLE, PLEASE LIST TWO NAMES OF OTHERS WHO COULD BE CONTACTED.

1) _____
NAME PHONE # (HOME/BUS./CELL) RELATIONSHIP TO CAMPER

2) _____
NAME PHONE # (HOME/BUS./CELL) RELATIONSHIP TO CAMPER

IMMUNIZATIONS (please indicate year of most recent immunization):

POLIO _____

DPT _____

MMR _____

TETANUS _____

PNEUMOCOCCAL VACCINE _____

MENINGOCOCCAL VACCINE _____

HEPATITIS A _____

HEPATITIS B _____

VARICELLA VACCINE (Chicken Pox) _____

Has your child had or does s/he have (please circle):

Chicken Pox Y N Heart Problems Y N Night Terrors Y N

Measles Y N Epilepsy/Seizures Y N Sleep walking Y N

Rheumatic Fever Y N Asthma Y N Bed Wetting Y N

German measles Y N Tonsillitis Y N Soiling/Toilet accidents Y N

Mumps Y N Sinus Problems Y N Other Problems/Chronic Illness Y N

Whooping Cough Y N Hay Fever Y N

Scarlet Fever Y N Diabetes Y N

Please elaborate on the above if necessary:

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Complete answers will help Camp Massad provide a safe and enjoyable summer for each camper!

ACCIDENTS, etc:

Has your child had any serious accidents/hospitalization/surgery **Y N** If yes, please describe:

MEDICATION:

If your child is on any medication/treatment, please fill out the following:

Medication(s): _____ Dosage: _____

Times: _____ Reason: _____

Is your child able to administer medication on his/her own? _____

N.B. All medication must be in original prescription container & labelled with the doctor's directions.

ALLERGIES:

Is your child allergic to any foods? (Please list) _____

Is your child allergic to any drugs or any other known allergens? (Please list) _____

Will your child be bringing an auto-injector (**epipen**) to camp? _____

BACKGROUND:

Does your child have any dietary restrictions (e.g., vegetarian)? _____

What is your child's last completed swim level? _____

Does your child have difficulty getting to sleep and rising? _____

Does your child get along well with peers? _____

Does your child have friends going to camp? _____

Are there peers at camp that your child does not get along with? _____

Please let us know of any physical, emotional and/or behavioral challenges or difficulties that might impact your child's camp experience?

Has your child attended an overnight camp before? If so, please describe what kind of experience s/he had:

Is there anything that your child's counselors should be sensitive to, that would help make your child more comfortable/welcome at camp or enhance your child's experience?

Other information that Camp Massad should know?

Parent/Guardian Agreement:

Camp Massad will administer over the counter medication, if necessary (e.g. Tylenol, Advil, Tums, Pepto Bismol) unless otherwise specified by parent or guardian.

To the best of my knowledge my child _____ is in good health. I will notify the camp if my child is exposed to an infectious disease (cold, flu, chicken pox) headlice or bedbugs, during the three week period prior to the camp session.

In the case of medical emergency, I understand every effort will be made to contact parents or guardians. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp Executive Director to hospitalize, secure proper treatment, order injection, anesthesia or surgery for my child as named above.

In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility in excess of the benefits allowed by Provincial health and/or medical insurance.

Signature of Parent/Guardian

Date

Please go through the following Code of Conduct with your child so that he/she fully understands the expectations.

Camper Code of Conduct:

Camp Massad is dedicated to providing an outstanding summer camp experience for each camper. Campers are expected to behave appropriately and promote a safe, fun and healthy environment through productive participation. Counselors use a positive approach to guidance and conflict resolution to encourage positive behaviour. Campers who remain disruptive and continue to behave inappropriately may be dismissed from camp.

As a camper, I will:

- Show respect to other campers, and treat them with courtesy and consideration.
- Show respect to staff, and cooperate fully with the rules of the camp.
- Respect the rights and beliefs of others.
- Communicate in an appropriate manner, which means I will not use foul language or gestures, harsh words or tone of voice.
- Conduct myself responsibly. I understand that horseplay, unwelcome teasing, bullying or other unkind behaviours are not allowed.
- Not deliberate cause bodily harm to other campers and staff. I understand that hurting, pushing, kicking, hitting and fighting are not acceptable and will not be tolerated.
- Use program equipment, supplies, and facilities properly.
- Respect the property of others.
- Be fully responsible for my actions and understand that irresponsible behaviour will result in consequences.

Signature of Camper

Signature of Parent/Guardian

Date