

CONSENT FORM

CONSENT FOR MEDICAL TREATMENT

- ◆ If necessary do we have permission to give your child
 Yes ___ No ___ Acetaminophen-Tylenol or Tempra (fever, headache, general pain)
 Yes ___ No ___ Dimenhydrinate-Gravol (nausea, vomiting)
 Yes ___ No ___ Ibuprophen-Advil, Ibuprofen, Motrin (pain, fever, anti-inflammatory)
 Yes ___ No ___ Cough Suspensions-Benylin, Triaminic, Robitussin
 (cough, sore throat, allergic colds)
 Yes ___ No ___ Antacids-Gaviscon, Maalox, Mylanta, Tums, Rolaids
 (upset stomach, acid reflux, heartburn)
 Yes ___ No ___ Antibiotic Creams-Polysporin (wounds, cuts, abrasions)
 Yes ___ No ___ Laxatives-Milk of Magnesia (constipation)
 Yes ___ No ___ Benadryl

CONSENT FOR FOLLOWUP

- ◆ We would like to keep in touch with your child over the next year.
 You may keep in touch with my child:
 Yes ___ No ___ My camper's Cabin Leader
 Yes ___ No ___ Ruby (Mailbox Bible Club Administrator)
 Yes ___ No ___ My camper's Bible teacher

UNDERSTANDING

- ◆ I understand that:
 - ◆ In case of emergency in the event that we cannot be reached for immediate consultation, I hereby give permission to the camp leadership to hospitalize, secure proper treatment for, and to order medications, anesthesia or surgery for the camper as named above.
 - ◆ If insufficient information is given on this medical form, I give you permission to acquire the medical information from our physician.
 - ◆ While every precaution is taken for the safety and good health of our campers, Mill Stream Bible Camp, its directors and staff members are hereby released from any and all liability in the event of an illness, accident or misfortune that may occur to the camper. Parents are responsible for any additional expenses that may occur above the Provincial Health Plan.
 - ◆ To the best of my knowledge, this child is in good health and by enrolling my child I give permission for involvement in all camp activities except as previously indicated.
 - ◆ By enrolling my child I give permission for photo/video media of my child to be used for camp promotions via printed or electronic material, facebook or web site postings.

Date _____ Parent's/Guardian's Signature _____

Revised 01/13

		Office Use Only	Office Use Only
SURNAME	GIVEN NAME	CABIN NUMBER	WEEK NUMBER(S)

Home Address _____
 City _____ Province _____ Postal Code _____
 Date of Birth _____ Day _____ Month _____ Year _____ Age _____
 Ontario Health Card No. _____ Initial _____
 Parent's/Guardian's Name(s) _____
 Parent's/Guardian's Home Phone _____ Work _____
 Other _____

In case of illness, notify _____
 Address _____ Phone _____
 City _____ Province _____
 Family Physician's Name _____
 Address _____
 City _____ Province _____ Postal Code _____
 Phone Number (_____) _____

PRESENT PHYSICAL CONDITION: Weight _____ Height _____


Are there any Physical Abnormalities? If so, what _____

Emotional Stability of Camper: Hyperactive ___ Developmentally Challenged ___
 Emotional Problems ___ Anger Management Concerns ___ Other _____

Has the camper any traces of:
 Pediculosis (Head Lice) ___ Impetigo ___ Athlete's Foot ___ Plantar Warts ___
 Other infection: _____

May this camper participate in all Camp activities, including swimming?
 Yes ___ No ___

If no, which activities must be avoided? _____



Mill Stream
BIBLE CAMP

CAMPER HEALTH CERTIFICATE & CONSENT FORM

To be completed prior to coming to Camp. Bring with you to Camp on check-in day.

PAST HISTORY

Is this camper subject to: (Please answer YES or NO to each)

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Kidney Problems |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Headaches | <input type="checkbox"/> Severe Toothache |
| <input type="checkbox"/> Chronic Ear Infections | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Severe Stomach Aches | <input type="checkbox"/> Homesickness | |

Treatment for the above condition(s): _____

This camper has had:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Red Measles | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Whooping Cough | |

Has the camper been exposed to the above communicable disease within the past month? No Yes If so,

What disease _____ When _____

Please note: If camper has been exposed to any of these diseases, the Camp Leadership must be notified **BEFORE coming to Camp**. We reserve the right to refuse admission of any camper based upon our health concerns as indicated by our health care staff.

IMMUNIZATION HISTORY

- Year
- _____ DPT (Diphtheria, Polio, Tetanus, Pertussis)
- _____ MMR
- _____ Smallpox
- _____ Tetanus
- _____ Polio
- _____ Chicken Pox

ALLERGY HISTORY

- Yes No
- _____ Antibiotics Type: _____
- _____ Bee Stings
- _____ Drugs: Other _____
- _____ Food: Details _____
- Other: _____
- _____

PAST HOSPITALIZATIONS AND REASONS:

DATE

MEDICATION TO BE GIVEN AT CAMP

Drug	Dosage	Frequency	Reason for taking medication

All medications must be left with the Camp Nurse.
Some exemptions may be at the discretion of the Camp Nurse.

PLEASE NOTE:

- ◆ Mill Stream Bible Camp & Retreat Centre is required by law to operate with at a minimum, qualified First Aid personnel on the grounds at all times.
- ◆ The camp has a physician on call and volunteer nurses or first aid personnel are on the grounds at all times.
- ◆ Mill Stream Bible Camp & Retreat Centre intends to provide safe and conscienceous care for your child while at camp but wish to make you aware of the limitation that Mill Stream Bible Camp & Retreat Centre operates under the guidelines of the Ontario Camping Association and the Ontario Ministry of Health, and is only required to provide First Aid attention to campers.
- ◆ Mill Stream Bible Camp & Retreat Centre believes that your privacy is important for you as an individual and family. We are committed to ensuring that your personal information is treated professionally. To safeguard the personal information entrusted to Mill Stream Bible Camp & Retreat Centre and to comply with the *Personal Information Protection and Electronic Documents Act* ("PIPEDA") and any other applicable legislation, Mill Stream Bible Camp & Retreat Centre is committed to the principles as laid out by the *Mill Stream Bible Camp & Retreat Centre Privacy Policy*. This policy is available for your viewing upon your request.

We do not require a physician's signature on this medical form and therefore are not responsible for any medical examination expenses.

Please do not write in this space below

Nurse's Notes: