

CONSENT FORM

CONSENT FOR MEDICAL TREATMENT

- ♦ If necessary do we have permission to give your child
- Yes___ No___ Acetaminophen-Tylenol or Tempa (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, Roloids
(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? _____



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)

___ Asthma	___ Frequent Colds	___ Hay Fever
___ Diabetes	___ Heart Condition	___ Kidney Problems
___ Sore Throat	___ Headaches	___ Severe Toothache
___ Chronic Ear Infections	___ Bed Wetting	___ Sleep Walking
___ Severe Stomach Aches	___ Homesickness	

Treatment for the above condition(s): _____

This camper has had:

___ Chicken Pox	___ Red Measles	___ German Measles
___ Hepatitis	___ Mumps	___ Rheumatic Fever
___ Meningitis	___ Whooping Cough	___ Covid-19

Has the camper been exposed to the above communicable disease within the past 2 weeks? 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
___ Covid-19

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:

Please complete consent form on reverse page 