

2017 RRBC CAMPER HEALTH FORM PAGE 1

Please mail Registration together with Medical form to: Red Rock Bible Camp, 204 – 320 Main St, Steinbach, MB R5G 1Z1

This medical form must be returned with the Camp registration form. Camper will NOT be accepted without it.

First name: _____ Last Name: _____ M _____ F _____

Mailing Address/Town and Province: _____

Postal Code: _____ Phone #: _____ Age: _____

Birthday ____/____/____ MHSC #: _____ PHIN #: _____/_____/_____
dd mm yyyy 6 digit health registration # 9 digit personal health #

Camper's Doctor: _____ Phone #: _____

Session attending Camp: _____ Dates attending: _____

In case of Emergency:

Mother's Name: _____ Home # _____ Work #: _____ Cell#: _____

Father's Name: _____ Home #: _____ Work #: _____ Cell#: _____

Phone # parent can be reached at during camper's stay at camp (if different than above): _____

Emergency contact person: _____ Phone#: _____

Relationship to camper (Please circle) Grandparent Aunt Uncle Friend Other _____

Health History:

Date of last physical exam: _____ Are immunizations up to date: Yes _____ No _____

Date of last Tetanus shot: _____

Allergy:	Reaction:	Treatment:

Please list any allergies to food, medication or other (such as pollen, dust, pets etc.)

Treatment: _____

Asthma: No _____ Yes _____ If yes, what triggers an attack? _____

If your child has asthma, or if your child has any allergic reactions that require medication or medical attention to treat it, please attach a treatment plan to the health form .

NOTE: Red Rock's closest medical facility is about one hour from camp.

Is the camper subject to: (please check)

ear aches _____ bedwetting _____ sore throat _____ stomach aches _____ cough _____ frequent head aches _____

migraines _____ sleep walking _____ eye problems _____ seizure disorder _____ other: _____

To assist the nurse in providing treatment for any of the above, please explain how you treat the condition (e.g. 1 Tylenol, rest, etc.)

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Does the camper have any other current health/dietary/physical/psychological/emotional or behavioral needs or conditions which may require special attention while at camp? (e.g. diabetes, epilepsy, attention deficit disorder, any phobias) Please list and include a brief explanation and explain treatment.

Activity restrictions: None _____ Yes _____ If yes, please explain.

Females: menstruating? Yes _____ No _____ Is camper aware of it's possible onset/concerns _____

Medications:

List any medication, dosage and time (s) medicine is to be taken by camper:

PLEASE NOTE: All medication must be sent to camp in the **ORIGINAL CONTAINER**. Please send a sufficient supply plus **detailed instructions** regarding the administration. Medications will be administered by the camp nurse.

****** I herewith give consent for the camp administration to secure medical treatment in the event of an emergency. I give permission for the medical staff to administer medication. I give permission for qualified staff to administer an Epi pen if needed. In such situations, the camp will attempt to notify the parents as soon as possible.

****** I, the parent/guardian, am responsible for any additional expense that may result from such services.

****** I will notify the camp in writing if any change occurs in the camper's health within 6 weeks prior to attending camp.

****** I certify that the information given in this medical form is complete and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:** _____

Note: In the event of serious illness, accident or other emergency, parents/guardians will be contacted.

Medical Form must accompany Camp Registration Form