Conseil du Québec Council
Réserve scoute Tamaracouta Scout Reserve

HEALTH FORM

Please note:

- This form **MUST** be completed by everyone (youth and adult) attending camp (campers, staff & volunteers).
- **Information on this form is confidential and will only be shared with people who require the information to provide safe care during the person's camp experience. Form is kept in the nursing station.**
- If the person requires transport to a clinic or hospital, this form will be sent with the person.

GENERAL INFORMATION: Name of Scout/Cub/other group attending camp with: _____

Camper / Staff name: Family: _____ Given name:_____

Date of birth (day/month/year):_____ Age at time of camp: _____ Male:____ Female: ____

Home address: _____

City:_____ _____ Province:_____ Postal Code:_____

For youth only:

Lives with: Both parents together____ Shared custody____ One parent: Mother____ or Father____ Guardian ____

Mother: _____ Father:_____

Guardian: _____ (identify relationship): _____

Phone numbers: where you can be reached during the camping period(s)

Home: _____ Parent work #:_____ Parent cell #:_____

For all campers, staff and volunteers:

Emergency contacts: (**International campers/volunteers: please provide Canadian contact information)

Name: _____ Name: _____

Relationship to camper: _____ Relationship to camper: _____

Home phone: _____ Home phone: _____

Cell/Work phone: _____ Cell/Work phone: _____

Doctor's name & phone: _____

MEDICAL INFORMATION: ADMINISTRATIVE

Provincial medical plan: Quebec (RAMQ):____ Ontario: ____ Other province (name):_____ None: ___

Medical card number: _____ Expiry date: _____

Additional health insurance (through employer or private [eg: Blue Cross): no____ yes____

Plan #:_____ Company name:_____ Group #: _____

Phone # (of company): _____

International youth or adults: You **MUST** have travel health insurance.

Travel health insurance company name: _____ Group # _____

Plan #:_____ Other info: _____

Phone number (for contact while in Canada):_____

Who can pick up youth/adult if they need to return home or go to a medical clinic? _____

N.B. If medical condition warrants us calling an ambulance: the ambulance cost is billed to the person (family). Extra health insurance usually covers the cost (verify with your policy). Provincial health plans do not cover the cost. **Your signature** here verifies that you are aware you will be billed_____

1. ALLERGIES: No____ Yes____ **If "yes" you must complete the Allergy Form**

2. SPECIFIC DIET (medical, cultural, etc.): No____ Yes____ If "yes" you **must complete** the **Dietary Needs Form**

3. MEDICATIONS: taking prescribed or using over-the-counter (non-prescribed) regularly: No____ Yes____
If "yes" you must complete the Medication Consent Form

4. OVER-THE-COUNTER MEDICATION PERMISSION FORM: For the nursing staff to administer occasional use over-the-counter medication (i.e. *Tylenol* for a headache), to youth, **parents must complete / sign this form.**

Camper / Staff Name: Family: _____ Given name:_____

Vaccination Information:
All vaccines (as per provincial schedule) are up to date: Yes____ No____ (explain) _____
Person has never received any vaccinations: (explain) _____

Tetanus vaccine: Date (year) of last booster _____ (refer to DPT [diphtheria, pertussis, tetanus] or trade names: Adacel, Quadracel, Pentacel in vaccine book). Note for adults: DT (diphtheria & tetanus) boosters are needed every 10 years; contact your Family Doctor/CLSC/Public Health Department)
MMR (measles, mumps, rubella): Date of first dose_____ 2nd dose_____
Chickenpox: Has had the disease: Yes__ No__ Has had the vaccine (Varicella/Vaccine/Varivax) Yes__ No__

To help us support your child, or help you as a staff member/leader/volunteer, please let us know of any health/social and/or behavioural issues. We have created a list to assist you. The more information we know, the easier it will be for us to make summer camp a happy and positive experience. We can work around issues if we know about them.

Health Conditions: (for each condition check either never, seldom or frequently)

	Never	Seldom	Frequently		Never	Seldom	Frequently
Asthma	□	□	□	Hay fever	□	□	□
Motion sickness	□	□	□	Menstrual cramps	□	□	□
Nose bleeds	□	□	□	Headaches	□	□	□
Fainting	□	□	□	Sinus problems	□	□	□
Ear infections	□	□	□	Swimmers ear	□	□	□
Growing pains	□	□	□	Skin rashes	□	□	□
Bed wetting	□	□	□	Need to go to toilet at night	□	□	□
Use of “pull ups”	□	□	□	Anxiety	□	□	□
Sadness	□	□	□	Wears glasses/contacts	□	□	□
Back problems	□	□	□	Homesickness	□	□	□
Stomach cramps	□	□	□	Nightmares	□	□	□
Sleep walking	□	□	□	Fear of water (lakes)	□	□	□
Wears orthodontic appliance	□	□	□	Others (list)	□	□	□

Details / further information for any of the above situations (use another sheet if you need more room)
_____
_____
Asthma: Please send puffers/inhalers even if they are rarely used. Heat and physical activity can cause asthma to increase. We are 30 min from a hospital. We have had several people who don’t generally use them need them at camp.
Use of pull ups at night: did they bring their own supply? Yes__ No__
Female youth: Have they started menstruating: Yes__ No__ Did they bring supplies? Yes__ No__

Medical Conditions: Check if the camper/staff/volunteer has:

□ Diabetes	□ Epilepsy (seizures)	□ Hepatitis B carrier
□ HIV /AIDS	□ Hepatitis C	□ Attention deficit disorder
□ Hyperactivity	□ Heart disease	□ Bleeding disorders
□ Depression	□ High blood pressure	□ Other(s) list:

Additional information related to the above conditions: (use another sheet if you need more room)_____
_____
_____

Are there any restrictions to limiting participation in any camp activities?_____
_____

Operations, recent illnesses or admissions to hospital in the past year:_____
_____

Is the youth/adult taking a “summer break” from any medications? No___ Yes___
Details_____

Signature: _____ Name: _____ Date: _____