

# Camp Chikopi Health History Form – 2008

Camp Chikopi: Chikopi Road, Magnetawan, Ontario, POA 1A0  
 Phone: (954) 566 8235 Summer Phone: (705) 387 3811 Email: campchikopi@aol.com

Camper's Name: \_\_\_\_\_  
 Ontario Health Card No. (or Equivalent): \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Work: \_\_\_\_\_

Age: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ **DD/MM/YY**  
 In Case Of Emergency Whom Should We Contact? \_\_\_\_\_  
 Summer Address (If Different): \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_

The Health History Form **Must Be Completed**. For legal reasons this form needs to be completed every year by the camper's parent or guardian. A Copy of camper's Immunization record from pediatrician is acceptable.

**Has your child had:**

- Y/N Chicken Pox
- Y/N Diabetes
- Y/N Emotional Disorder
- Y/N Ear Infections
- Y/N Heart Condition
- Y/N Bed Wetting
- Y/N Sun Sensitivity
- Y/N Learning Disability

**Allergies:**

- Drugs – please list
- Food – please list
- Other – please list
- Bees
- Nuts
- Asthma

**Immunization Dates Are Mandatory Date**

- DPT (Diphtheria, Pertussis, Tetanus) \_\_\_\_\_  
 Or equivalent \_\_\_\_\_
- TD (Tetanus & Diphtheria) \_\_\_\_\_
- Tetanus Only \_\_\_\_\_
- Oral Polio (Sabin) \_\_\_\_\_
- Injected Polio (Salk) \_\_\_\_\_
- Measels/ Mumps? Rubella \_\_\_\_\_
- Haemophilus influenza b (HIB) \_\_\_\_\_
- Tuberculin test (most recent) \_\_\_\_\_
- Hepatitis B \_\_\_\_\_
- Other \_\_\_\_\_

Will your child require any treatments, injections or medications while at Chikopi? If yes, please list ailment, name of drug, time and amount of dose. All medications brought to Chikopi must be in their original containers with clear directions from the Pharmacist who filled the prescription. Over the counter medications must be in their original containers with camper's name clearly printed on the container.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Province/State: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_

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## This Section To Be Completed By Campers Parent/Guardian.

Does your son have any physical restrictions at Chikopi?	Yes	No
Does your son have any special emotional needs?	Yes	No
Is there anything else we should be aware of?	Yes	No

If you answered yes to any of the above, please give details:

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To the best of my knowledge, my child is in good health. If my child is exposed to any INFECTIOUS DISEASE within FOUR (4) weeks prior to attending Chikopi, I will notify/call camp.

If my child has a medical emergency, I give permission to have the camp physician/Director refer my child to hospital for treatment. I also understand that the camp physician and/or directors will try to keep me informed of any emergency plans by phoning me either at home, work or summer place as notified above.

DATE: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Please Print Full Name \_\_\_\_\_

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**For Chikopi Office Use Only**  
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Date: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Treatment \_\_\_\_\_

Parents Notified? Yes: By Phone ..... By Email Letter ..... Date: .....

Comments: .....  
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.....  
.....  
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.....Initials .....