

Camp Chikopi Health History Form – 2010

Camp Chikopi: 373 Chikopi Road, Magnetawan, Ontario, P0A 1P0
Phone: (954) 566 8235 Summer Phone: (705) 387 3811 Email: campchikopi@aol.com

Name: _____

Age: _____ Date Of Birth: _____ **DD/MM/YY**

Ontario Health Card No. (or Equivalent):

Summer Contact Address (For Hospital Use):

In Case Of Emergency Whom Should We Contact?

Contact Information

Parent/Guardian Name 1: _____

Parent/Guardian Name 2: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

The Health History Form Must Be Completed Annually.

Immunization Dates Are Mandatory - Please Provide a Copy of camper's current Immunization record.

Has Camper Received H1N1 Vaccine? Yes or No

Has Camper Ever Had:

- Chicken Pox -
- Diabetes -
- Emotional Disorder -
- Ear Infections -
- Heart Condition -
- Bed Wetting -
- Learning Disability -

Does Camper Have Any Allergies:

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

If Camper Is Anaphylactic Please Provide A Minimum Of 3 Epi Pens – Unused Pens Will Be Returned At End Of Session

Will camper require any treatments, injections or medications while at Chikopi? If yes, 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 campers name clearly printed on the container.

Physician's Name: _____

Address: _____

City: _____

Province/State: _____

Phone: () _____

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This Section To Be Completed By Parent/Guardian

Does camper have any physical restrictions at Chikopi?	Yes	No
Does camper 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:

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

In case of 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 my family informed of any emergency plans by phoning them either at home, work or summer place as notified above.

DATE: _____ Signature (Parent/Guardian) _____

Please Print Full Name _____

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For Chikopi Office Use Only

Date: _____ Diagnosis: _____

Treatment _____

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

Comments:
.....
.....

.....Initials