



# 2018 Camp Chikopi Health History Form

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. (If Applicable): \_\_\_\_\_

**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 Does Not Require a Doctor's Signature But Must Be Completed Annually.

### Immunization

**Please attach/include a copy of immunization record.**

### Does Camper Have Any Allergies:

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

### Has Camper Ever Had:

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

Does camper **have a** physical restriction at Chikopi?

Does camper **have a** food restriction at Chikopi?

Does camper **have a** special emotional need?

Is there anything else we should be aware of?

If you answered **YES** to any question, please give details:

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**If Camper is an Anaphylactic Please Provide a Minimum of 3 Epi Pens – 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.

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Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

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, or his medical conditions change, I will notify Chikopi in writing and submit a new health form.

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 us either at home, work or summer place as notified above.

DATE: \_\_\_\_\_ Signature (Parent/Guardian) \_\_\_\_\_

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

**For Chikopi Office Use Only**

Date: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Treatment \_\_\_\_\_

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

Comments: .....

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..... Initials .....