SAMPLE - HEALTH FORM

DISCLAIMER

The Ontario Camps Association provides this sample Health Form as a service to its member camps. The Ontario Camps Association makes no guarantee that this information is complete or sufficient to cover all situations. The responsibility for creating your camp's Health Form rests solely with the individual and/or camp.

The following sample Health Form is not designed to be a one-stop shop for collecting healthcare information. There is no substitute for proper professional inquiry into the needs of specific operations, staff and camper requirements. If you have questions, please contact the OCA. We would be happy to help direct you to other resources or to assist you in any way we can.

The following sample form was created by the OCA Healthcare Committee using information from a variety of health forms from different camps. The idea is to use only the parts of this form that your camp wishes to use. It includes many pieces of information some of which your camp will require and some information you may choose to omit from your camps health form.

All wording of questions has been well thought out to solicit information that is often omitted in health forms. In some cases information is requested in more than one way again in an effort to obtain complete health information.

This is an ongoing project that will require updating. If you feel there is information missing or if you have suggestions as to how we can improve this template please pass your information to the OCA office at info@ontariocamps.ca and the health care committee will review the submissions. We appreciate all input.

SAMPLE CAMPER OR STAFF HEALTH FORM TEMPLATE

The camp must be notified of any change in health status from the time this form is completed until the camper / staff starts camp.

*Camp _____ does not require a physician to fill out this form nor is a physical examination required. Ministry of Health dictates that parents who choose to have a physician complete this form may incur expenses.

General Information / Contact Information:

Camper Name: _____ Date of Birth: day / month / year

Sex: ❒ M ❒ F ❒ Other - Please specify:

_____

Weight: pounds / KG Height feet / inches Health Card # (optional): _____version code:_____

*If the camper does not have a current Ontario Health Card a copy of their medical insurance must be attached to cover any medical care outside of camp.

Home Address: _____ Home #: (_____) _____ - _____

Custody/Living Arrangements: ❒ Both Parents ❒ Shared Custody ❒ Sole Custody

Contact #1:

Name: _____ Relationship: _____

Home #: (_____) _____ - _____ Cell #: (_____) _____ - _____ Business #: (_____) _____ - _____

Contact #2:

Name: _____ Relationship: _____

Home #: (_____) _____ - _____ Cell #: (_____) _____ - _____ Business #: (_____) _____ - _____

Will you be away while your child is at camp? ❒ Yes ❒ No

Holiday Location: _____ Phone #: (_____) _____ - _____

If unable to contact either parent/guardian listed above, in the event of an emergency, please give us the names of **two** contacts who we can notify and will be able to authorize emergency medical treatment.

These people know my child and have agreed to be contacted in the event I am not available:

Emergency Contact #1 (different from contact #1 or #2):

Name: _____ Relationship: _____

Home #: (_____) _____ - _____ Cell #: (_____) _____ - _____ Business #: (_____) _____ - _____

Emergency Contact #2 (different from contact #1 or #2):

Name: _____ Relationship: _____

Home #: (_____) _____ - _____ Cell #: (_____) _____ - _____ Business #: (_____) _____ - _____

Physician Information:

Family Doctor Name: _____ Phone #: (_____) _____ - _____

Specialists Name: _____ Type of Specialty: _____ Phone#: (____) ____ - _____

Specialists Name: _____ Type of Specialty: _____ Phone #: (____) _____ - _____

Medically Confirmed Allergies:

Please
list:_____
_____

Contracted Diseases:

- ❒ Chicken Pox: _____
- ❒ Rheumatic Fever: _____
- ❒ Mononucleosis: _____
- ❒ Mumps: _____
- ❒ Scarlet Fever: _____
- ❒ Measles, Red: _____
- ❒ Hepatitis: _____
- ❒ Tuberculosis: _____
- ❒ Measles, German (Rubella): _____
- ❒ Whooping Cough (Pertussis): _____

Anaphylactic Allergies

Does the camper have any Anaphylactic (life threatening) allergies? ❒ Yes ❒ No *mandatory field

If yes, please list the anaphylactic allergy: _____

Type of auto injector: *mandatory field EpiPen®: ❒ Adult ❒ Junior Allerject®: ❒ Adult ❒ Junior

Date of last anaphylactic reaction: day / month / year

*If your child has a life-threatening allergy you MUST fill out an "ANAPHYLAXIS EMERGENCY PLAN FORM" (It is recommended your camp creates an emergency response plan form and have it available on line. Refer to www.anaphylaxiscanada.ca for sample forms)

All Other Allergies – please check (✓) all that apply:

❒ Food: ❒ Nuts/Peanuts/Tree nuts ❒ Dairy ❒ Other Food – Please specify: _____

❒ Drugs/Medication – Please specify: _____

❒ Environmental (hay fever etc.)

❒ Latex (balloons, gloves, band aides etc.)

❒ Animals – Please specify: _____

❒ Insects – Please specify: _____

❒ Other – Please specify: _____

Dietary Requirements:

❒ Regular, diet as tolerated

❒ Lactose-Intolerant (please bring your management products such as Lactaid)

❒ Vegetarian:

❒ Semi-Vegetarian (no beef or pork) ❒ Lacto-Ovo (no beef, pork, chicken, seafood or fish)

❒ Vegan (no meats, eggs or dairy) ❒ Other – Please specify: _____

❒ Celiac (Gluten Free Diet) Is there a medically confirmed diagnosis of Celiac? ❒ Yes ❒ No

❒ Picky Eater ❒ Other food restrictions – Please specify:_____

Has the camper ever been diagnosed with an Eating Disorder/ Disordered Eating or displayed similar symptoms?
❒ Yes ❒ No If yes, please explain: _____

Health History:

History of Communicable Diseases: (if camper has had or has any of the following, please check ✓ and include dates on the lines provided.

Other Health Issues: (if camper has had or has any of the following, please check ✓)

❒ Asthma
❒ Anxiety
❒ Appendicitis
❒ Arthritis
❒ Bed Wetting
❒ Braces – Orthodontic (at present)
❒ Bronchitis
❒ Bowel Issues
❒ Bleeding Disorder
❒ Cancer – type: _____
❒ Concussion: day / month / year
❒ Contact Lenses
❒ Diabetes
❒ Depression
❒ Ear Infections
❒ Ear Tubes – Date Inserted: day / month / year
❒ Ear Plugs – Currently used for swimming
❒ Eating Disorders
❒ Eye Glasses
❒ Fainting Episodes/Spells
❒ Fracture – Specify: _____
❒ Frequent Colds
❒ Hay Fever
❒ Heart Condition
❒ Headaches
❒ Head Lice (within the past year)
❒ Hearing Difficulties
❒ Hearing Aids
❒ Hernia/Hernia Repair – Type:_____
❒ High Blood Pressure
❒ Migraines
❒ Nose Bleeds
❒ Prosthesis – Type: _____
❒ Seizures: _____
❒ Sight/Vision Difficulties
❒ Sinus Trouble
❒ Skin Conditions/Rashes
❒ Sleep Walking
❒ Stomach Aches – Severe/Frequent
❒ Stroke
❒ Sun Sensitivity
❒ Toothaches
❒ Urinary Tract Infections
❒ Other – Please specify: _____

Have you travelled/lived outside of Canada within the past 6 months? ❒ Yes ❒ No

If yes – where, when and how long?

_____

Females Only:

Has she menstruated? ❒ Yes ❒ No
If no, has she been told about menstruation? ❒ Yes ❒ No

If you have checked off any of the boxes above, please provide further details:

_____
_____
_____

Emotional, Social and Mental Health History:

*Detailed answers to these questions will assist us in making your camper's stay at camp safe and successful; if you require more space for specifications, please attach another page.

Has the camper received a diagnosis of Attention Deficit Disorder (ADD) or ADHD?

❒ Yes ❒ No

Has the camper received a psychiatric diagnosis, such as depression, OCD, or panic/anxiety?

❒ Yes ❒ No If yes, please specify:_____

Does the camper see (or has the camper seen) a professional to address mental/emotional concerns?

❒ Yes ❒ No If yes, please specify: _____

Has the camper required counseling for emotional, behavioural or mental health concerns?

❒ Yes ❒ No If yes, please specify:

_____

Does the camper have a learning disability?

❒ Yes ❒ No If yes, please specify:

_____

Does the camper have any physical disabilities?

❒ Yes ❒ No If yes, please specify:

_____

Are there any restrictions to activities or any accommodations required for full participation in the camp program?

❒ Yes ❒ No If yes, please specify what adaptations or limitations may be necessary:_____

_____

Other Relevant Health Information:

Please describe other relevant medical information including health conditions not listed above, recent operations, illness or injuries the camper has had, etc., and provide details:_____

_____

Medication

Does the camper currently take any medication (including non-prescription drugs) at home on a regular basis?

❒ Yes ❒ No If yes, please specify: _____

List any medications that will be discontinued while at camp: _____

List any prescription and/or non-prescription medication or treatments to be given while at camp:

_____

_____

***All medication must be in the original container or pharmacy issued blister pack. Non-prescription medications must also be in the original container with proper labeling.**

***Please bring/send enough medication to last the entire time at camp.**

***All medication, vitamins, etc., must be turned over to [insert title of the person responsible for medications at camp].**

Name of Medication or Treatment	**Dose** (amount)	**Route** (method med is taken by)	**Time(s)** (taken each day)	**Reason** (for taking med/diagnosis)	**Special Instructions**
Ex.EpiPen, Salbutamol, Risperdal	*Ex. 2 puffs inhaler, 1.5 mg pill*	*Ex. By mouth, g-tube, etc.*	*Ex. As needed, 8am*	*Ex. Asthma, ADHD*	*Ex. Crushed, with apple sauce*

Does the camp's **[insert title of person responsible for giving medications]** have your permission to administer the following non-prescription medications to your child, according to the package instructions, camper's age and weight as required?

Note: it is within a registered nurse and doctor's scope of practice to administer non-prescription medications without parental permission.

Tylenol ❒ Yes ❒ No

Advil ❒ Yes ❒ No

Antihistamine ❒ Yes ❒ No

Throat Lozenges ❒ Yes ❒ No

Cough Medicine ❒ Yes ❒ No

Polysporin ❒ Yes ❒ No

Antacid (Tums, Maalox etc.) ❒ Yes ❒ No

Immunizations

We have chosen **NOT** to immunize our camper? ❒ Yes

Health Canada states the following immunizations are mandatory: Measles, Mumps, Rubella, Pertussis, Tetanus, Diphtheria, Polio, Meningococcal, and Chicken Pox.

Healthcare staff should complete an immunization chart by inserting the date in the column which corresponds with your campers immunization record – you should refer to the yellow immunization record form your doctor.

Specific Consent

Camps should add camp specific consent information:

This should include, but is not limited to, permission for treatment at camp, permission for hospital / emergency treatment permission to share health information with appropriate senior staff and counselling at the health care custodian's discretion etc.

Camps must add their own text for parent or guardians' signature and date.

SAMPLE - IMMUNIZATION RECORD

IMMUNIZATION RECORD

Immunization	Dose 1 date	Dose 2 date	Dose 3 date	Dose 4 date	Dose 5 date
Diptheria	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)
Tetanus	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)
Petusis *Whooping cough*	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)
Polio (IPV) *Injection*	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)
Polio (OPV) *Oral*	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)
Hib	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)	
Pneumo	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)		
Rotavirus	(yyyy/mm/dd)	(yyyy/mm/dd)			
Measles	(yyyy/mm/dd)	(yyyy/mm/dd)			
Mumps	(yyyy/mm/dd)	(yyyy/mm/dd)			
Rubella	(yyyy/mm/dd)	(yyyy/mm/dd)			
Men-conjugate	(yyyy/mm/dd)				
Varicella *Chicken pox*	(yyyy/mm/dd)	(yyyy/mm/dd)			
Hep B	(yyyy/mm/dd)				
HPV *Human Pap. Virus*	(yyyy/mm/dd)				
Pneumo-Poly	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)	(yyyy/mm/dd)