



Summer Camp Medical Form 2020

Please complete and mail to Camp Squeah immediately

Mail: Attn Registrar; #4 -27915 Trans-Canada Highway, Hope BC, V0X 1L3

Email: registrar@squeah.com; Fax: 604-869-5364; Phone: 604-869-5353

Important note to parent(s)/guardian(s): please remember to also sign the separate consent form

Name: _____ **Birth Date:** _____
(As on Health Card/Insurance) (yyyy-mm-dd)

Address: _____

Care Card / Health Ins. #: _____ **Provider:** _____
(Required) (Required if NOT BC MSP)

Family Doctor: _____ **Dr's Phone:** _____

In Emergency, First Contact: _____ **Phone:** _____
(Parent or Guardian) (Primary)

Email: _____ (Alternate)

Second Contact: _____ **Phone:** _____
(If First Contact Unavailable) (Primary)

(Alternate)

Medications: All medications, including "over the counter" medications (e.g. Tylenol, antihistamines, Lactaid, etc.) must be stored with First Aid Attendant. Medications must be in their original containers; labelled with the patient name, name of medication, dosage, etc.

Medication Name	Reason prescribed	Dosage

Tetanus: Is Tetanus shot up to date (within last 10 years)? **Yes** **No**
(If not, please have it done before camp.)

Allergies (Medications, Environmental, Food, and Other) and Reaction:

Special Dietary Restrictions, please be specific:

Information: Please provide any other information that would be helpful for the First Aid Attendant or Program Director to care for the individual, including medical, illnesses, physical limitations, or behaviors.

Parent/Guardian Signature: _____ **Date:** _____
(any updates to information on this form can be noted upon camper's arrival)