

SAGITAWA CHRISTIAN CAMPS

Staff Medical Form - Confidential

complete and mail

Name _____ Health # _____
We require a BC Health # or equivalent

Address _____ Phone (res.) _____

Family doctor _____ Location _____

In case of serious accident or illness every person must be covered by the BC Health Plan or an equivalent policy.

If under 19 years... PARENT / GUARDIAN MUST READ:

I recognize that camp activities involve a degree of spontaneity and risk, and that accidents may occur. I am fully aware of the types of activities at the camp my child is attending, and accept the risks of possible injury. Should injury require emergency treatment which would be delayed by efforts to contact me, I hereby grant permission to the Camp Director or First Aid Attendant to authorize medical treatment and inform me as soon as possible.

Signature _____ Print Name _____ Date _____

Medical History

	Allergies	Reaction	Remedy
Food			
Meds			
Other			

Date of last tetanus shot _____

Check which medications you would object to taking?

- Decongestant Throat lozenges Antihistamines Cough syrup (no codeine)
 Pepto Bismal Gravol Tylenol Ibuprofen

Check if any of the following apply, and give details on reverse side.

- major operations? recent contagious contact? (i.e.: chicken pox, flu)
 special diet? (non-allergy related) illnesses/ injuries receiving medical attention in last yr?
 current medications? other medical conditions we should know about?

**Medications must be in the original container.
Prescriptions may only be used by the person for whom they are prescribed.**