



SLC 2008 CAMPER HEALTH AND INFORMATION FORM

GENERAL CAMPER INFORMATION

Camper's last name:	First:	Camp Session (check all that apply)	
		<input type="checkbox"/> 1	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 4
		<input type="checkbox"/> Pee Wee A	<input type="checkbox"/> Pee Wee B
		<input type="checkbox"/> Sailing	<input type="checkbox"/> One Week A
		<input type="checkbox"/> One Week B	
		<input type="checkbox"/> CIT A	<input type="checkbox"/> CIT B
		<input type="checkbox"/> LIT A	<input type="checkbox"/> LIT B
Birthdate: (dd/mm/yyyy)	Gender	Health Card Number	Name of Insurance Company & Policy Number (international campers only)
/ /	<input type="checkbox"/> M <input type="checkbox"/> F		

FAMILY CONTACT INFORMATION

Parent/Guardian last name:	First:	Relationship to child	
Home Number:	Work Number:	Cell Number:	Email:
()	()	()	
Street address:		City	Province:
Country (if other than Canada):	Postal Code:		
Second Parent/Guardian last name:	First:	Relationship to child	
Home Number:	Work Number:	Cell Number:	Email:
()	()	()	
Street address (if different from above):		City	Province:
Country (if other than Canada):	Postal Code:		

IN CASE OF EMERGENCY

Name of friend or relative (not living at same address):	Relationship to camper:	Home phone no.:	Work phone no.:
		()	()

OTHER INFORMATION

How did you hear about the camp? Friends/Family Church Advertisement in _____ Internet Other

Is your family affiliated with or members of the United Church of Canada? If yes, please give name and location of your home church.

FAMILY INFORMATION

Is there a divorce in the family? Yes No Is there a separation in the family? Yes No

If yes: Who has custody? Will your child have siblings at camp? Other family information of which we should be aware?

FAMILY PHYSICIAN

Name of Family Physician:	Phone Number:	Date of Last Examination
	()	

TRANSPORTATION

My child will be taking the bus to camp Yes No My child will be taking the bus home from camp Yes No

GENERAL HEALTH INFORMATION – ATTACH SEPARATE PAGE IF NECESSARY

The camp program includes swimming, hiking, boating, and other physical activities. Does your child suffer from any physical, emotional condition/disorder that would prevent him/her from participating fully in the program? Please remember that FULL disclosure prepares us to help your child get the most from his/her camp experience.

Does your child require special assistance to participate in the camp program? Yes No If yes, please explain.

Does your child have any dietary concerns / restrictions / food allergies? Yes No If yes, please explain.

Does your child have any allergies (other than food allergies) or asthma? Yes No If yes, please tell us the severity, the type reaction, and treatment required

Does child have an EpiPen or Twinject Auto-Injector? Yes No Asthma Inhaler? Yes No

Is your child currently subject to any of the following?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Ear or throat infections | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Respiratory Ailments |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Digestive Upsets | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Fears (list) _____ | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Depression / Anxiety Disorder | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Other (list) _____ |

Please give details of usual treatment should the condition occur:

List any medication your child is bringing to camp. This must be clearly labeled and given to the camp nurse upon arrival at camp.

Date of last... Tetanus _____ MMR _____ Diphtheria _____ Polio _____

Are corrective lenses required? Yes No Contact Lenses? Yes No

CAMPER EDUCATION/SOCIAL BACKGROUND

Last grade completed in school _____ Does your child spend more time alone or with friends? Alone With Friends

Are your child's friends Older Younger Same age as him/her?

This camper is Eager Being Encouraged to attend camp.

Has your child been away from home before? Yes No Length of Time _____

In what types of extracurricular activities is your child involved?

Are there any activities for which you would like your child's counsellor to strongly encourage him/her to sign up for?

I, give permission for Sparrow Lake Camp to contact myself and/or the family physician to obtain further medical information/history if necessary. I agree to forward any changes in this information to the Camp Registrar or Camp Director before my child attends camp. **Camp registration is dependent on proof of health insurance (i.e. Health Card #).** In the case of medical or surgical emergency I understand every effort will be made to contact parent(s) or guardians(s). In the event I cannot be reached, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, order injections, anesthesia or surgery for the above-named camper. Each camper must be covered by provincial or equivalent health insurance. I hereby assume full responsibility for any extra expenses required for the treatment of the above-named camper that are not covered by the Ontario Health Insurance or equivalent Health Insurance. To the best of my knowledge, the applicant is in good health and is physically able to participate in all camp activities, except as stated above. I will notify the camp if the applicant is exposed to infectious disease/conditions (e.g. lice, chicken pox) during the three weeks prior to arriving at camp. I understand that if my child is discovered to have an infectious disease/conditions at camp, my child will be sent home. In the interest of health & safety, I give permission for this health information to be shared with appropriate camp staff, outside medical personnel.

Patient/Guardian signature

Date

Note: It is essential that Sparrow Lake Camp staff are made aware of specific medical, behavioral, or social concerns so that we can work together to achieve a safe and successful camp experience for your child. Please attach a separate note outlining any special information. Attendance at camp is conditional upon fully disclosing all pertinent information concerning your child and mutual agreement that the camp is able to provide sufficient resources to meet his/her needs

We respect your privacy. All camper and camper health information is accessed only by those requiring the information to provide care for the camper. To view our privacy policy please visit our website.

Please return forms to:

The Registrar
Sparrow Lake Camp
P.O. Box 10039
Alliston, ON
L9R 0B7

Fax: 416-283-7975



CAMPER INFORMATION

We request that all **CAMPERS** complete this portion of the form.

CAMPER NAME _____ **SESSION** _____

How many years have you attended Sparrow Lake Camp? <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 9+		Which other camps have you attended? <input type="checkbox"/> Guides/Scouts <input type="checkbox"/> Religious <input type="checkbox"/> Sports <input type="checkbox"/> Day Camp <input type="checkbox"/> Residential
Please list the highest swim level that you have obtained (Red Cross, YMCA, Lifesaving Society). _____ _____	Please check any Canadian Yachting Association levels you have obtained. <input type="checkbox"/> White Sail 1 <input type="checkbox"/> White Sail 2 <input type="checkbox"/> White Sail 3 <input type="checkbox"/> Other _____	Please check any ORCA canoeing levels you have obtained. <input type="checkbox"/> ORCA A <input type="checkbox"/> ORCA B <input type="checkbox"/> ORCA C <input type="checkbox"/> ORCA D <input type="checkbox"/> Other _____

PROGRAM & STAFF

We would like to hear from you about the activities that we offer. Please check all the activities that you enjoy participating in at camp.

<input type="checkbox"/> Swimming <input type="checkbox"/> Canoeing <input type="checkbox"/> Sailing <input type="checkbox"/> Basketball <input type="checkbox"/> Sports & Games <input type="checkbox"/> Ropes Course	<input type="checkbox"/> Camp Wide Games (e.g. Capture the Flag) <input type="checkbox"/> Out Trips <input type="checkbox"/> Crafts <input type="checkbox"/> Drama/Dance <input type="checkbox"/> Cyber Arts	<input type="checkbox"/> Discovery (Christian Education) <input type="checkbox"/> Vespers <input type="checkbox"/> Nature <input type="checkbox"/> Special Days <input type="checkbox"/> Camp Fires <input type="checkbox"/> Other _____
What other activities or programs would you like to see at camp? 	What did you think about the food last year? What would you change? 	What do you do in your spare time? (e.g. sports, collecting, art, drama, music)

CABIN-MATE REQUEST

If you wish, you may write down the name of one (1) friend who you would like to have as a cabin-mate. Only mutual requests and those who are no more than one (1) year apart in age will be considered. Final cabin placement is at the discretion of the Camp Director.

Name of Cabin-mate _____

Camper Signature _____ Date _____