



CAMP CANADENSIS



Traditional Camping for Today's Child

OFF-SEASON: 1250 Germantown Pike, Suite 110, Plymouth Meeting, PA 19462 Tel (484) 674-1941 Fax (484) 674-1942
SUMMER: RR2, Box 2350, Lake Road, Canadensis, PA 18325 Tel (570) 595-7461 Fax (570) 595-9290

Medical Form – Tour and More Weekend

Attach a copy of insurance cards, and return completed form to:
Camp Canadensis
RR2 Box 2350, Lake Road
Canadensis, PA 18325

Due in Camp Office by
July 1, 2010

Questions?
Call our office at
Before May 15th: 484-674-1941 or
After May 15th: 570-595-7461

Camper Name: _____
First Name Middle Initial Last Name

Date of Birth: _____ Boy Girl
Month Day Year

Primary Parent/Guardian: _____

Preferred Phone #: _____

About health care for short-term camper stays:

- At minimum, four full-time nurses and one doctor will be present at all times during your child's stay.
- Campers should arrive ready to participate in all Tour and More Weekend programs. Should your camper be unable to participate, **please contact us in advance (at least 24 hours) to discuss alternative arrangements.**
- **All medications your child will need to take during their stay must be handed to a staff member at the bus stop, or brought to the main office upon drop off to be distributed by medical staff (including all prescription and/or over-the-counter meds.) Please DO NOT pack it in your child's bag.**

1. Date (month & year) of your child's most recent tetanus immunization _____

2. Does this child have any allergies? Yes No

If YES, name their allergy and indicate the reaction. _____ Intolerance Anaphylaxis

_____ Intolerance Anaphylaxis

3. Does this child have asthma? Yes No

If YES, will your child carry a rescue inhaler during the camp session? Yes No

If YES, does your child need staff help to use that rescue inhaler? Yes No

If YES, what triggers your child's asthma? _____

4. We will call when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent who will be available via phone while your child is attending the Tour and More Weekend.

Name of Parent: _____ Phone: _____

5. List the medications that your camper takes on a routine basis: This camper takes no routine medication.

a. Med: _____ Reason for taking this: _____

b. Med: _____ Reason for taking this: _____

6. What else should we know about your child? Please write info that may impact your child's participation in our program: (i.e. swim ability, sleeping habits, etc.)

Medical Insurance Information – All Campers at Canadensis are required to have active medical insurance.

This camper is covered by family medical/hospital insurance: Yes No

Include a COPY of your insurance card (front and back) and make sure the copies can be easily read.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone _____

Parent/Guardian Authorization

This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian: _____ Date: _____