

# medicalform

**FOR STUDENTS • TO BE COMPLETED JUST PRIOR TO CAMP AND HANDED IN TO CAMP HEALTH CARE STAFF UPON ARRIVAL AT CAMP**  
PLEASE PRINT • USE ADDITIONAL PAPER IF REQUIRED

**OFFICE USE ONLY**

STUDENTS

FORM 6

**Name** \_\_\_\_\_ **BC Care Card or Medical Ins. #** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal \_\_\_\_\_

Phone \_\_\_\_\_ Sex: M  F  Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
MONTH DAY YEAR

**Name Of Emergency Contact:** \_\_\_\_\_

How Related \_\_\_\_\_ Phone(H) \_\_\_\_\_ Phone(W) \_\_\_\_\_

**Name Of Second Emergency Contact:** \_\_\_\_\_

How Related \_\_\_\_\_ Phone(H) \_\_\_\_\_ Phone(W) \_\_\_\_\_

**Name Of Physician** \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_

**Name Of Dentist** \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_

## HEALTH HISTORY

Any allergies? (ex. food, medication, plants, insects) Yes  No  If Yes, please list type of allergies & typical reactions. \_\_\_\_\_

Any medical conditions and/or chronic illnesses? (ex. frequent ear infections, heart disease, asthma, convulsions, diabetes, epilepsy, bleeding/clotting disorders, hypertension) Yes  No  If Yes, please list with visible signs. \_\_\_\_\_

Dates and description of any operations, serious injuries, or incidents. \_\_\_\_\_

Please provide details about any health issues during the two week period before your arrival at camp. \_\_\_\_\_

Recent exposure to communicable diseases? Yes  No  If Yes, contact the Registrar at Qwanoes promptly, and *before* you come to camp. (ex. chicken pox, H1N1, pink eye, etc)

## RESTRICTIONS

Any medically-prescribed meal plan or dietary restrictions? Yes  No  If Yes, please explain. \_\_\_\_\_

Activities to be encouraged or limited? Yes  No  If Yes, please list. \_\_\_\_\_

**(Please See Over)**

**Medication:** All medication (prescription and non-prescription), vitamins, meal supplements, herbal therapies, homeopathic remedies, eye or ear drops, and medicated creams to be administered at camp **must** be in original containers. All prescription medication **must** have the staff member's name and current dose on the pharmacy label. (Note that most pharmacies will assist with this and with repackaging in small containers.) These guidelines **must** be followed for the medication to be administered. All medications as described above must be handed in to the camp health care representatives upon arrival at camp (exception: emergency asthma inhalers). Qualified nurses are available 24 hours a day during every camp to administer medication as required.

Any medication or treatment to be administered at camp? Yes  No  If Yes, list specific dosages and frequency.

MEDICATION NAME	REASON FOR MEDICATION	DOSAGE / OTHER INFO	AS NEEDED	8:00 am	12:00 pm	5:30 pm	9:30 pm

Note: Times are approximate.

Any additional health information? Yes  No  If Yes, please explain.

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## CONSENT & RELEASE

This health history is correct so far as I know. I understand that each camper and staff member must be covered by the British Columbia Medical Services Plan or equivalent health insurance, and provide Camp Qwanoes with the required signed medical form.

I understand that any and all medication, vitamins, meal supplements, herbal therapies, homeopathic remedies, eye or ear drops, and medicated creams are to be given to the camp health care representatives upon arrival at camp, in the interests of camp safety, and in compliance with the B.C. Camping Association. I understand that the use of tobacco and alcohol will not be permitted at camp, and that I must inform the camp promptly if I become aware that I have come into contact with any communicable disease.

I understand that all medication to be administered at camp, **must** be in original containers, and that all prescription medication **must** have the current dose and the correct name on the pharmacy label. These guidelines **must** be followed in order for any medication to be dispensed at Qwanoes as per the *College of Registered Nurses of BC* standards for medication administration.

I authorize the camp health care providers to order X-rays, routine tests, and/or treatment, and to provide/arrange necessary related transportation if needed. I authorize the administration of any first aid treatment necessary at Camp Qwanoes.

For valuable consideration, the receipt of which is hereby acknowledged, the undersigned hereby releases and forever discharges Camp Qwanoes and its servants, agents, and employees from any and all actions, causes of action, claims and demands whatsoever, whether existing as of this date or in the future, and whether arising from the use of Camp Qwanoes or otherwise. I understand that for the safety of campers and staff, Qwanoes reserves the right to inspect or examine campers luggage or belongings if deemed necessary by a camp director. I/We understand that some supervised camp activities occur in the area adjacent to Camp Qwanoes, including Maple Mountain and I/we absolve the Municipality of North Cowichan of any liability for this use. Permission is also given to have photos/videos taken at camp used for future camp promotional purposes.

**NOTE: Each person age 18 years and under REQUIRES the signature of parent/guardian.**

SIGNATURE (STUDENT)

PRINT NAME

DATE SIGNED

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SIGNATURE (PARENT/GUARDIAN)

PRINT NAME

DATE SIGNED

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**IMPORTANT:** THIS FORM **MUST** BE RETURNED **UPON ARRIVAL** AT CAMP.

PLEASE ENSURE THAT YOUR **BC CARE CARD OR MEDICAL NUMBER** HAS BEEN INCLUDED.



WEB: [www.qwanoes.ca](http://www.qwanoes.ca) • PHONE: 250-246-3014  
 TOLL FREE: 888-99-QWANOES (888-997-9266)  
 FAX: 250-246-3227 • EMAIL: [campinfo@qwanoes.ca](mailto:campinfo@qwanoes.ca)

