

# GUELPH BIBLE CONFERENCE CENTRE

## Camper Medical Form

**\*\*PLEASE BRING THIS FORM TO CAMP AT TIME OF ARRIVAL\*\***

### CAMPER INFORMATION

Camper Name \_\_\_\_\_ Gender:  M  F  
Surname First  
Mailing Address \_\_\_\_\_ Birthdate: (MM/DD/YY)  
Apt \_\_\_\_\_ City \_\_\_\_\_ Age: \_\_\_\_\_  
Prov./State \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

### HEALTH CARD NUMBER

Health Card Number - \_\_\_\_\_

### CONTACTS

	Name	Home Phone	Business	Cell	Relationship
Primary:	_____	(____) _____	(____) _____	(____) _____	_____
Secondary:	_____	(____) _____	(____) _____	(____) _____	_____

Name of Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

### HEALTH HISTORY

**Medical Conditions**  None  
 Hepatitis B, C  Irritable Bowel Syndrome  ADD/ADHD  Seizures  
 Hearing Problems  Visual Problems  HIV/AIDS  Crohns  
 Mouth Injuries  Asthma/Inhalers  Depression  Diabetes  
 Downs Syndrome  Developmental Delays  Behavioural Issues  Cancer  
 Mental Health Issues  Colitis  Other \_\_\_\_\_

**Current Problems**  None  
 Constipation  Homesickness  Nightmares/Terrors  Headaches  
 Bedwetting  Sinus Infections  Frequent Colds  Sleepwalking  
 Ear Infections  Stomach Aches  Sore Throats  
 Other \_\_\_\_\_

**Surgical History (please insert date beside surgery)**  None  
 Heart  Tonsillectomy  Ear Tubes  Orthopedic  
 Appendectomy  Hernia Repair  Other \_\_\_\_\_

**Allergies**  None  
 Drugs  Food  Environmental (if bee sting – please bring own EpiPen)

Give brief details re: Allergies - \_\_\_\_\_

### MEDICATION

If camper is on medication, a doctor's signature is required

Medication: \_\_\_\_\_ Reason For Treatment: \_\_\_\_\_

Doctor's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

### CONSENT

I have read this form thoroughly and to the best of my knowledge the information is correct. I hereby consent to give the camp director, in case of emergency, the right to take my child as warranted, to the facility as warranted, in the best interests of the camper. Before emergency treatment at a hospital is given, every effort will be made to contact the parent/guardian. While every precaution shall be taken to ensure the welfare and protection of the camper, Guelph Bible Camp, its Directors and staff are hereby released from any liability in the event of accident or misfortune that may occur to the camper. To the best of my knowledge, my child is in good health. I will notify the camp by written document if my child is exposed to an infectious disease or there is a change in health during the weeks prior to arriving at camp.

\_\_\_\_\_  
Name of Parent/Guardian (please print) X \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_  
Date