BC FAMILY FRENCH CAMP PERSONAL HEALTH FORM

IF YOU HAVE MORE THAN ONE CHILD IN PROGRAM – PLEASE PHOTOCOPY OR PRINT COPIES!!
The information on this form will be used at the discretion of BCFFC to ensure care and attention is given to the health of the participant. All information on this form is considered personal and confidential.
Campsites will not be given out until this (these) forms are completed and handed in.

NAME: _____ BIRTHDATE: _____
SURNAME GIVEN NAME YEAR/MONTH/DAY

ADDRESS: _____ HEIGHT: _____ WEIGHT: _____

_____

PARENT/ GUARDIAN: _____ CAMP SITE #: _____

EMERGENCY CONTACT: _____ PHONE: _____

ADDRESS: _____

CARE CARD #: _____ FAMILY DOCTOR: _____

OTHER HEALTH INSURANCE: _____

Does the applicant have allergic reactions to such things as drugs, food, insect stings or asthma aggravated by pollen, running, high altitude, etc? If so, list, giving type of reaction, treatment given, etc.:

_____

_____

The program may include swimming, hiking, boating, pitching tents, etc. Does the applicant suffer from any physical or emotional disorder that would prevent him/her from participating fully in this program? If so, please state full particulars: _____

_____

_____

Please give details of chronic conditions or recent illnesses of which the staff should be aware:

_____

_____

Please list any medication that the applicant is bringing with him/her. This must be clearly labelled and the counsellor in charge must be made aware of such medication. _____

_____

Does the applicant wear a medical alert bracelet? _____ Date of last Tetanus shot: _____
YEAR/MONTH/DAY

Other comments: _____

_____

_____

EVERY CARE AND ATTENTION WILL BE GIVEN TO THE HEALTH AND COMFORT OF THE PARTICIPANTS.

I hereby authorize BCFFC to secure such medical advice and services as may be deemed necessary for the health and safety of the participant. I agree to accept financial responsibility in excess of the benefits allowed by the Provincial Health Insurance Plan.

_____ _____
SIGNATURE OF PARENT/GUARDIAN YEAR/MONTH/DAY