

# BC FAMILY FRENCH CAMP PERSONAL HEALTH FORM

Campsite # \_\_\_\_\_

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.

IF YOU HAVE MORE THAN 1 CHILD IN PROGRAM PROGRAM, PLEASE MAKE OR PRINT COPIES

Parent/Guardian	
Address	
City/Prov/PC	
Family Doctor	Phone
Emergency contact:	Phone
Emergency contact Address:	

Child's Surname	Given Name
Birthdate: year / month / day	Height      Weight
Care Card No.	
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.

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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.

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

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List any medication that the applicant is bringing with him/her. This must be clearly labeled and the counselor in charge be made aware of such medication.

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Does the applicant wear a medical alert bracelet?

Yes       No

Date of last Tetanus shot:

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Other comments  
(please use back of form if necessary)

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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

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Date: year/month/day