BC Easter Seals Camps
Staff Medical Form

PLEASE BRING THIS FORM TO CAMP AT TIME OF ARRIVAL

PERSONAL INFORMATION
Please PRINT clearly in BLOCK letters

Staff Member's Full Name: (as it appears on Health Card) Surname ______ Given Name(s) ______

Street Address: ______ **Sex:** ☐ M ☐ F

City/Prov/Postal Code: ______ **Birth Date (M/D/Y):** ____ /____ /____

Telephone: (______)______ **Age at Camp:** ______

NUMBERS
Health Card Number: ______-______ **Issuing Province:** ______

EMERGENCY CONTACTS

	Name	Home Phone	Work Phone	Cell Phone	Relationship
Primary:	______	(____)______	(____)______	(____)______	______
Secondary:	______	(____)______	(____)______	(____)______	______
Physician:	______		(____)______		

If we are not able to contact a spouse or family member, we may contact the family physician for more medical information.

HEALTH HISTORY
Please disclose any medical or emotional condition(s) on this health form.

Medical Conditions ☐ **None**

☐ Hepatitis B, C	☐ Irritable Bowel Syndrome	☐ ADD/ADHD	☐ Hearing Problems	☐ Seizures
☐ HIV/AIDS	☐ Crohns	☐ Depression	☐ Visual Problems	☐ Diabetes
☐ Cancer	☐ Colitis	☐ Fetal Alcohol Syndrome	☐ Mouth Injuries	☐ Asthma/Inhalers
☐ Downs Syndrome	☐ Developmental Delays	☐ Mental Health Issues	☐ Behavioural Issues	☐ Other______

Describe:______

Current health concerns ☐ **None**

☐ Constipation	☐ Homesickness	☐ Nightmares/Terrors	☐ Sinus Infections	☐ Other______
☐ Ear Infections	☐ Headaches	☐ Frequent Colds	☐ Recurring Strains or Sprains:	
☐ Stomach Aches	☐ Sleepwalking	☐ Sore Throats	☐ Previous Back Injury	

Describe:______

Surgical History (insert date beside surgery) ☐ **None**

☐ Heart	☐ Tonsillectomy	☐ Ear Tubes	☐ Other______
☐ Orthopedic	☐ Appendectomy	☐ Hernia Repair	

Describe:______

Allergies & Dietary Considerations ☐ **None**

Drug Allergies	Environmental Allergies	Food Allergies	Special Diet
☐ Penicillin	☐ Bee Stings	☐ Lactose Intolerant	☐ Vegetarian
☐ Sulfa	☐ Pollen	☐ Shellfish	☐ Lactose-free
☐ Cephalosporins	☐ Hayfever	☐ Peanuts	
☐ Anaesthetic	☐ Animal Dander	☐ Nuts	List foods to avoid for **medical** reasons:
☐ Acetaminophen	☐ Dust/Mold	☐ Food Dye	______
☐ Codeine	☐ Tape	☐ Gluten	______
☐ Other:______	☐ Other:______	☐ Other:______	______

Describe reaction(s):______

	Yes	No
Anaphylactic reaction to allergies?	☐	☐
Epi Pen?	☐	☐
Knowledge of Epi Pen use?	☐	☐

****You must bring at least 2 epi pens****

Date of Last Tetanus Shot? ______

Overnight hospital stay in last 6 months? ☐ YES ☐ NO

MEDICATIONS BEING BROUGHT TO CAMP: ☐ None (attach additional sheet if necessary)

Medication Name	Dosage	Frequency	Medication Name	Dosage	Frequency
1.______	______	______	4.______	______	______
2.______	______	______	5.______	______	______
3.______	______	______	6.______	______	______

All non-prescription medication, e.g. vitamins and Tylenol, must come to camp in their **original packages** clearly labeled with your name and instructions. All prescribed medications must come in their **original container with a clear pharmacy label** including current dose and frequency for medications to be given at camp.

To the best of my knowledge I am in good health. **I have notified camp if I was exposed to an infectious disease during the three weeks prior to arriving at camp**. In the case of medical emergency, I understand that effort will be made to contact the aforementioned individuals. In the event they cannot be reached, I hereby give permission to the physician selected by the Camp Nurse/Coordinator to hospitalize, secure proper treatment, order injection, anesthesia or surgery.

Signature:______ **Date:**______

HCT Review Notes:

Date:______

HCT Signature

STAFF Member's Name (Surname, First) ______