

GOLDEN LAKE CAMP HEALTH FORM 2020

[DO NOT MAIL THIS HEALTH FORM AND BEHAVIOUR AGREEMENT BACK TO US, PLEASE BRING IT, SIGNED, TO THE CAMP WHEN YOU COME]

Name of Camper _____ Age _____ Birthday _____ / _____ / _____ Gender _____
(yyyy/ mo / dd)

Street Address _____ City _____ Postal Code _____

Health Card # _____ Date of last medical examination _____

Parent(s)/ Guardian(s) _____ Phones _____ / _____ / _____
(Daytime) (Evening) (Cell)

Emergency Contact (other than parent) _____ Phones _____ / _____ / _____
(Daytime) (Evening) (Cell)

Please note: All information on this form will be treated as confidential. Please return this form to the camp at registration. We need this information to ensure your child receives proper health care. **If there is not enough room below, please add an additional page.** Camp policy states that all medication must be given to the camp first-aider or designate at registration. Send all medications your child requires on a regular basis, including inhalers and EpiPens. Please ensure dosage is clearly visible (**original container, please**).

Current Medication (send with instructions) _____

Please indicate any recent illnesses or contact with communicable diseases (last 3 weeks): _____

Please list any physical or emotional concerns that Staff and Counsellors should be aware of (physical impairment, ASD, FASD, ODD, flight risk, suicidal tendencies/attempts, etc.): _____

Why is this information important? To ensure safety and optimal care for your child while attending Golden Lake Camp, we need to be informed about any possible risks that could present themselves while they are in our care. Please remember that all of this information is confidential, and will only be shared with the necessary parties (Camp First-Aider, Counsellor or Camp Director) to ensure that your child is safe and happy.

Please describe any treatments to be done at camp (medication, special circumstances requiring a call home, etc.): _____

ALLERGIES (Check all that apply) – Penicillin Other Drugs Bee/ Wasp/ Hornet Stings Environmental Food (_____) Food colouring

CARRIES EPI-PEN Yes No If YES, has child ever had to use it? Yes No

DIETARY CONCERNS (Intolerances, preferences, picky eater, etc.) _____

SPECIAL NEEDS (shy, low self-esteem, anger management issues, separation anxiety, etc.) _____

MEDICAL HISTORY: Is your child subject to, or recently had---

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Red Measles | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Emotional Concerns |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> German Measles | <input type="checkbox"/> Head Lice | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Frequent Colds/ Bronchitis | <input type="checkbox"/> Homesickness | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Headaches | <input type="checkbox"/> Fainting Spells/ Seizures |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Earaches | <input type="checkbox"/> Sinus Infection | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Mumps | <input type="checkbox"/> Hepatitis (Liver issues) |

Does your child wear a Medic Alert Bracelet Necklace If so, why? _____

Other things we should know _____

IMMUNIZATIONS: My child's immunizations are up-to-date Yes No If No, why not? _____ Year of Last Tetnus Shot _____

OTHER INFORMATION FOR CAMP FIRST-AIDER: _____

PARENT/ GUARDIAN'S PERMISSION STATEMENT: The health history on the preceding page is correct as far as I know, and my child named above has permission to attend Golden Lake Camp and engage in all regular camp activities, including off-site hikes or other events (and transportation there and back) and canoe trips, except as noted beneath my signature (below). I hereby authorize the Director(s) of the camp to secure such medical advice and services as may be deemed necessary for the health and safety of my child, and to transport my child to a medical or dental clinic or hospital if necessary. The Camp commits itself to inform you as soon as possible if this has to be done. The cost of any treatments and/or prescriptions will be borne by me. I also give permission for the Camp First-Aider or designate to administer any of the treatments or medications listed on this form, or administer over-the-counter medications (which may include, but are not limited to, Tylenol, Gravol, Lice Treatment, Polysporin Ointment, Cough Syrup, etc.). All campers, staff, and volunteers will be checked for head lice at the time of arrival at camp. Parents/ Guardians are responsible **to check and treat for head lice prior to arrival**. We reserve the right to refuse admission to the Camp to control the spread of this nuisance, or any contagious disease

.>>>> I agree with the above statement: Yes No.

I have read through the Camp Policies outlined in the "Golden Lake Camp Policies & Important Info 2019" information sheet. I fully understand, fully accept, fully support and fully agree with the Camp Policies outlined in that document, except for any specific requests for changes or exemptions that I have outlined beneath my signature below.

Parent/ Guardian's signature: _____ Date: _____

Specific requests for changes/ exemptions to our normal camp policies: _____

GOLDEN LAKE CAMP BEHAVIOUR AGREEMENT – 2020

Dear Parents/Guardians and Campers:

Camp is a place to have fun, as well as a place to learn about and reflect on yourself and important life issues. We would like campers and their parent/guardians to know what is expected of campers before they arrive.

Golden Lake Camp expects campers to follow the general rules of allowing everyone to enjoy a safe environment, and allowing for personal growth. This means that campers can help our staff and other campers by following these behaviour guidelines:

Not engaging in any activity that hurts others, such as fighting, teasing, name-calling or using inappropriate language.
Following the directions of staff and volunteer leaders who are trained to know what is safe and what is dangerous.
Treating others with the same respect and concern that you would want for yourself.
Not smoking, vaping, or using other non-medicinal drugs.

If everyone respects the rights and feelings of others, we will all enjoy our camp experience. If you, the camper, break trust with our staff, you will be warned, and your parents/ guardians may be contacted. If the Camp Directors feel that your behaviour has been unacceptable, you may be sent home.

Camper's Agreement: I understand and agree to the above guidelines. _____
Signature of Camper Date

I, the parent/ guardian of the above-noted camper, have discussed the behaviour guidelines with my son/ daughter/ ward and realize that unacceptable behaviour will result in consequences to be determined by the Camp Directors. A decision to send this camper home will require me to arrange transportation at the earliest possible time. Refunds for unused time at camp will not be issued.

Parent/ Guardian's Agreement: I understand and agree to the above consequences of any possible unacceptable behaviour on the part of my child.

Signature of Parent/ Guardian Date