

SSPX Camper Health Record

(fill out one per person)

This form will be used by the camp first response staff if camper requires health care while at camp.

Camper Name (Last, First) _____

Birth date _____ (e.g. Jan. 1, 2001)

Ontario Health Card # _____ version code _____ expiry date _____

Other Insurance Policy # _____

Phone # _____ Work # _____

Emergency Contact _____ Phone # _____ Relationship _____

Family Physician _____ Phone # _____

Allergies: (Please list all – including food) _____

Are any life threatening? Yes _____ No _____

(If yes, please give details, on separate piece of paper if necessary)

Tetanus: Date of last injection: _____ (dy/mo/yr)

(Must be within the last 10 years)

Please specify any other medical condition that may require monitoring at camp _____

If medications will be brought to camp, they must be in the ORIGINAL container, clearly labeled with the camper's name. Place medication container(s) in a ziplock bag with the camper's name clearly printed in permanent black marker on the outside of the ziplock bag. Bring this with you to registration. This includes prescription and over-the-counter drugs. The Camp stocks only one or two brands of pain/fever control, antihistamines, etc.