

OFFICE USE ONLY
Form Reviewed by _____ RN

Bayview Glen Day Camp

275 Duncan Mill Road, Don Mills, M3B 3H9
(416) 449-7746

**ACCREDITED
MEMBER**



Staff Health Information and Consent Form

No Staff Member Will Be Permitted to Work If We Do NOT Have A Complete Health Information and Consent Form for That Staff Person.

For the protection of our campers and staff, we recommend that all staff members be examined by a physician within the past twelve months. All staff members must be up-to-date with all necessary immunizations.

PERSONAL INFORMATION

Date of Birth: _____ / _____ / _____
month day year

Name: _____ Age As Of July 1st: _____

Full Address: _____

Male

Phone #: () _____

Female

Persons to Contact in Case of an Emergency:

1. Name _____ Relationship to you: _____

Phone #: () _____ Phone #: () _____

2. Name _____ Relationship to you: _____

Phone #: () _____ Phone #: () _____

3. Name _____ Relationship to you: _____

Phone #: () _____ Phone #: () _____

Name Of Your Regular Doctor: _____

Phone #: () _____

Address: _____

Your Health Card #: _____

including any version code letters at the bottom right corner

MEDICAL INFORMATION

Height: _____

Weight: _____

Allergies (Please specify nature and severity of reaction):

Food _____

Medications _____

Insects _____

Animals _____

Other _____

Is there any particular restriction of the following? If so, please provide details.

Diet _____

Physical Activity _____

Other _____

Do you suffer from any medical conditions or ailments which could affect or impair your ability to perform any of the terms of your contractual agreement or could in any way put campers, other staff, or your own safety at risk? If so, please provide details: _____

Year of last tetanus booster: _____

Have you had a TB skin test in the past? Yes No

If so, did you test positive? Yes No

Do you carry an Epi-Pen? Yes No

Do you carry a Bronchodilator (puffer)? Yes No

Are your vaccinations up-to-date? Yes No

MEDICATIONS

Should there be an occasion that medication from home has to be administered to you at camp, please be sure that it is in the original container bearing your name and the dosage and time to be given. All medication must be given directly to one of the Camp Nurses. **Absolutely NO medication may be kept outside the Health Centre unless prior authorization has been obtained from one of the Camp Nurses.**

Please Note: It is your responsibility to notify the Camp Office or Camp Nurses if there is any change in your health between the time of completion of this Health Information and Consent Form and your daily arrival at camp.

- To the best of my knowledge, this form is correct and I can fully participate in all camp activities, except as noted on page 2.
- I understand that it is my responsibility to notify the Camp Office or Camp Nurses if there is any change in my health between the time this form is completed and my daily arrival at camp.
- I understand that **all medications** (staff and camper) must be kept in the BVG Health Centre while on camp property, and that the Camp Nurse must be informed of **any** medications that I am taking while at camp.
- I hereby give my consent and permission to be treated in the BVG Health Centre.
- I hereby give my consent and permission for the BVG Nurses to administer over-the-counter medication if necessary for the treatment of fever, allergic reactions, coughs, headache or other minor complaints. I understand that these medications will only be given at the discretion of one of the camp nurses.
- I understand that in the event of a medical emergency, I may be assessed and treated at a hospital as deemed necessary in the circumstances.

Signature: _____

Date: _____

If under the age of 18:

Signature of Parent/Guardian: _____

Date: _____

