

Camp Jubilee Medical Form

Please fill out a separate form for each child. This form will be used as a reference sheet by first aid volunteers.

Basic Information

Camper Name (full)			
Age		Weight (please circle unit)	lbs / kg

Insurance Information

Canadian residents:

Health card number:		Issuing province:	
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Campers from outside of Canada:

Travel insurance provider		Policy #:	
Does your insurance provider need to be contacted prior to medical treatment being administered at a clinic or hospital? (please circle)			Yes / No
If yes to above, at what number can we reach your provider in the event of an emergency?			

Medical Information

Please list allergies, severity and recommended response:

Does your child have any medical conditions that require consideration, monitoring or medication? If medication is required please specify timing and dosage.

I give permission for first aid volunteers to administer the following medications to my child (please check all that apply):

- Tylenol
 Advil
 Aspirin
 Gravol

Emergency Contact Number

Where can we reach you if your child has a medical emergency while at camp? _____

Signature

Parent/guardian name: _____ Signature: _____