

CAMP HURONTARIO 2008

STAFF HEALTH RECORD (please return with all forms by April 11th)

STAFF MEMBER'S FULL NAME _____

last

first

FULL ADDRESS: _____

(Street)

_____/_____

(City)

(Province)

_____ (Postal Code)

SUMMER ADDRESS: _____

(Street)

_____/_____

(City)

(Province)

_____ (Postal code)

PHONE NUMBERS: () _____ Home Phone Number

() _____ / () _____

mother's work no.

father's work no.

Summer no. () _____

Other no. (if necessary) () _____

Fax No. () _____

E-mail _____

Name of Person to Contact in case of emergency _____

Phone No's of emergency person: () _____ / () _____

Personal Information: Height _____ Weight _____ Age (As of June) _____

Birth date: (d/m/y) ____ / ____ / ____

Health Card Number _____ Subscriber's Name _____

Other Health Insurance No. (If outside ON.) _____

Name of Family Physician _____ Phone No. () _____

Address of Family Physician: _____

See reverse side please

MEDICAL DETAILS – 2008 Cont'd

ARE YOU ALLERGIC TO: Penicillin _____ Sulpha _____ Other Drugs _____
 Foods _____ Bee Stings _____ Environmental _____

Are allergy shots required while at camp? _____ Frequency _____

Have you had any adverse reactions to anti-tetanus, sulpha, penicillin or other drugs?

When was your last tetanus shot? _____

Date of last booster shots Tetanus/Polio _____ Measles/Mumps/Rubella _____

Give details of recent major operations, injuries or special needs

Are you currently on any medication? _____

If I become exposed to any infectious diseases between the time I complete this form and the time of my arrival at camp, I agree to notify the Camp.

Signature of Staff Member: _____ Date: _____

Cleanliness while at camp

I acknowledge the importance of my own personal hygiene. I agree to wash on a daily basis with biodegradable products. _____

I agree to assure my campers full personal hygiene with daily baths, brushing teeth and washing hair on a regular basis. _____

Staff members under 18 years should have Parent/Guardian sign below:

In case of surgical emergency and I am not immediately available for consultation, I hereby give the Camp Physician, or the Physician selected by the Camp Director, permission to hospitalize, secure proper treatment for, and to order injections, transfusions, anaesthesia or surgery for the above named staff member:

Signature of Parent/Guardian _____ Date: _____

Privacy Policy:

I have read the Hurontario privacy policy (see staff manual) and agree to the policy as it applies to me, a staff member of the camp.

Signature _____ Date: _____