



## WAIVER & MEDICAL RELEASE FORM

Activity: Pine Orchard Overnight Camp

Date: July 8 – July 13, 2018

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Does your child have any severe allergies? (bee stings, food, penicillin, other drugs)

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does your child have any life-threatening allergies?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is your child bringing any medication with him/her? (Antibiotics, Ventilator, Ritalin)

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioural concerns or limitations that our staff should be aware of?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Check if your child currently, or within the last three months, has had any of the following:

- |                                       |  |   |  |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Ear infection | <input type="checkbox"/> Hay Fever        | <input type="checkbox"/> Mumps               |
| <input type="checkbox"/> Asthma       | <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Hepatitis        | <input type="checkbox"/> Severe Stomach Ache |
| <input type="checkbox"/> Bedwetting   | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Measles (Red)    | <input type="checkbox"/> Sinusitis           |
| <input type="checkbox"/> Chicken Pox  | <input type="checkbox"/> Fainting      | <input type="checkbox"/> Measles (German) | <input type="checkbox"/> Tonsillitis         |

Other: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Precautions are taken for the safety of your child, but in the event of accident or sickness, Pine Orchard Camp, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately. In case of surgical emergency, I hereby give permissions to the physician selected by Pine Orchard Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Your child must be covered by Provincial Health Insurance or equivalent medical insurance.

Provincial Health Insurance Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_