

Camper Information Form

Important: Safety is a paramount at Little Planet and we require comprehensive, up-to-date medical and health-related details about our campers in our efforts to ensure their well-being throughout their stay with us. Accordingly, please note that no campers will be accepted into camp without a completed and signed medical form and proof of valid medical insurance. It is strongly advised that campers consult a qualified physician in order to determine if this type of activity is physically appropriate.

Please return this completed form to RCHK before 20 January, 2012.

SESSION: RCHK Year 10 EOTC (5-10 March)

CAMPER GENDER: Male Female

CAMPER: Family/Surname: First name:
(as appears in Passport) (as appears in Passport)

Issuing Country: Passport #:

Date of Birth: Expiration Date:

HEALTH INSURANCE Provider name:
Policy number:

I. ALLERGIES & ASTHMA

My child suffers from:

- Allergies Food Specify:
- Insects Specify:
- Medication Specify:
- Food Sensitivity/Intolerance Specify:



I. ALLERGIES & ASTHMA cont'd.

Asthma Will the camper have an inhaler? yes no

Is your child's allergy or asthma potentially life-threatening? yes no

Supplementary information you wish to provide:

If your child has a history of Anaphylaxis or Asthma or has ever been prescribed medication such as epinephrine or Ventolin, they must bring along sufficient and appropriate dosage of medication.

II. HEALTH & SUPPORT

A. Please indicate whether your child suffers from any of the following:

- Epilepsy
- Attention Deficit Disorder (ADD)
- Bedwetting
- Hyperactivity (ADHD)
- Diabetes
- Hemophilia

Details:

B. To help us support your child, please advise us of any health or social/behavioural issues (other than those listed above) that could affect your child's experience at camp (i.e. recent surgery or chronic or recent health conditions, fears or phobias, social or behavioural issues, limited mobility, etc.):

Details:

C. If female, has the camper started her menstrual periods? Yes No

D. Please list the contact information for a doctor or health professional that we can contact if needed.

Name:

Title:

Organization:

Telephone



III. VACCINATIONS

Are your child's vaccinations up to date? Yes No

Date of last tetanus vaccination:

IV. MEDICATIONS

My child takes the following medication(s):

Name of medication:

Reason for taking:

Dosage:

Frequency:

Name of medication:

Reason for taking:

Dosage:

Frequency:

V. DIETARY RESTRICTIONS AND SPECIAL INSTRUCTIONS:

Vegetarian:

Non-Vegetarian:

Please give a detailed description of what your child can, and cannot eat:

VI. SWIMMING ABILITY

I would describe my child's swimming ability as the following:

Non-Swimmer

Beginner

Moderate

Advanced

Strong

Unsure

Details:



VI. CONTACT INFO.

<p>A. Parent name:</p> <p>Phone #:</p> <p>Mobile #:</p> <p>Email:</p> <p>Relevant Info.:</p>	<p>B. Parent name:</p> <p>Phone #:</p> <p>Mobile #:</p> <p>Email:</p> <p>Relevant Info.:</p>
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VII. CONSENT

I, the undersigned, understand and agree to the following:

1. Should my child require a dentist, a doctor or medication while at camp, charges for such services and transportation will be the responsibility of the parent.
2. I will inform camp immediately if my child has been exposed to any contagious illness prior to camp.
3. I agree to allow Little Planet’s medical staff to dispense over the counter medication to my child for common ailments like headaches, ear aches, fever, etc. I will not hold Little Planet or the administrator of this/these medications in any way responsible for any reactions which my child may have to this medications if administered as directed.
4. In case of an emergency and having first attempted to reach the parents, I understand that Little Planet will:
 - a. Seek a physician or dentist to treat my child during his/her stay at camp, as needed.
 - b. In the case of a serious emergency where an evacuation by plane or helicopter is required to ensure my child’s safety and health, I agree to be responsible for the costs of the evacuation.

Parent signature: _____

Date:

Parent name:

