

Camp Impeesa Medical Information



Camper Name: _____

Dates or session at camp: _____

Date of Birth: _____ Male Female

Address: _____

Province: _____ Postal Code: _____

AB Healthcare #: _____

Physician's Name & Number: _____

Emergency Contact Name: _____

Phone #: _____

Emergency Medical Information:

Does the camper have any allergies?

Yes No If yes, please indicate all that apply.

Medicine	Insect Bites	Toxins	Food	Smoke
Plants	Animals	Other		
Details:				

Has had, please indicate all that apply.

Appendicitis	Measles	Rheumatic	Scarlet	Heart
Mumps	Kidney	Fever	Fever	Condition
Chicken Pox	Disease			Other

Has it ever been necessary to restrict the applicant's activities for medical reasons?

Yes No

Details:

Please submit this form to the camp directly by emailing to bedwards@scouts.ca or mailing to Camp Impeesa PO Box 3040, Pincher Creek, AB, T0K 1W0.

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Is subject to any of the following, please indicate all that apply.

- | | | | |
|-----------------|--------------------|-----------------|--------------|
| Asthma | Bleeding Disorders | Hernia | Sleepwalking |
| Contact Lenses | HIV | Back Problems | Nightmares |
| Headaches | Ear Problems | Motion Sickness | Bed Wetting |
| Fainting Spells | Diabetes | Cramps | Other |
| | | Convulsions | |

Details:

Does the participant require special care, medication, or diet?

Yes

No

Description of specific allergies (explain routines at home or any specific instructions):

Other specific dietary requirements (vegetarian, vegan, lactose, gluten, halal, kosher):

Date of most recent physical examination (Month and Year): _____

Date of last tetanus shot (Month and Year): _____

Swimming Abilities:

Swimmer

Non-Swimmer

(Highest Level Achieved)

Signed by parent or guardian: _____

Name of parent or guardian (please print legibly): _____

Date: _____

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