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## MEDICAL FORM 2022

eagle bay camp

please complete, sign and date this form  
**form must be turned in upon arrival**

### GENERAL:

last name: \_\_\_\_\_ first name: \_\_\_\_\_ middle initial: \_\_\_\_\_

Personal health number: \_\_\_\_\_ date of birth: \_\_\_\_\_

male/female: \_\_\_\_\_ doctor's name: \_\_\_\_\_

doctor's phone: \_\_\_\_\_

### PARENT OR GUARDIAN:

(if under 19)

full name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Telephone Numbers:

Home: \_\_\_\_\_ work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Special Medical Concerns, problems, or restrictions:

\_\_\_\_\_  
\_\_\_\_\_

### Do you have:

Asthma: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Seizures: \_\_\_\_\_

if so, how severe, what is the treatment protocol and is there an action plan?

\_\_\_\_\_  
\_\_\_\_\_

**HAS THE CAMPER RECEIVED ALL RECOMMENDED COVID VACCINES** YES: \_\_\_\_\_. NO: \_\_\_\_\_

**List Medications:**

Medication	Reason for Medication	Dose	Time

**Allergic To:**

Penicillin \_\_\_\_\_ Sulfa \_\_\_\_\_ Aspirin \_\_\_\_\_

Other \_\_\_\_\_

Please state reaction: \_\_\_\_\_

\_\_\_\_\_

**Any food allergies:**

if yes, explain to what and your reaction

\_\_\_\_\_

\_\_\_\_\_

**Able to pursue all normal athletic activities:**

Yes \_\_\_\_\_

No (explain) \_\_\_\_\_

\_\_\_\_\_

**any other health concerns:**

\_\_\_\_\_

\_\_\_\_\_

the health history is correct as far as I know. Illegal drugs, weapons, and similar items are not permitted at camp. Eagle Bay camp reserves the right to search for and remove such items from anyone suspected of possessing them.

Staff Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

If under 19, parents are required to fill out this section:

