



Camp Chikopi Health History Form

Camp Chikopi: 373 Chikopi Road, Magnetawan, Ontario, P0A 1P0
Phone: (954) 566 8235 Summer Phone: (705) 387 3811 Email: campchikopi@aol.com

Name: _____

Age: _____ Date Of Birth: _____ **DD/MM/YY**

Ontario Health Card No. (If Applicable):

Summer Contact Address (For Hospital Use):

In Case Of Emergency Whom Should We Contact?

Contact Information

Parent/Guardian Name 1: _____

Parent/Guardian Name 2: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

The Health History Form Must Be Completed Annually.

Immunization

Is Camper Immunized - Yes or No
Are Immunization's up to date - Yes or No

Does Camper Have Any Allergies:

Drugs – please list
Food – please list
Other – please list
Bees
Nuts
Asthma

Has Camper Ever Had:

Appendicitis
Chicken Pox
Diabetes
Emotional Disorder
Ear Infections
Heart Condition
Bed Wetting
Learning Disability

Does camper **have a** physical restriction at Chikopi?

Does camper **have a** food restriction at Chikopi?

Does camper **have a** special emotional need?

Is there anything else we should be aware of?

If you answered **YES** to any question, please give details:



Camp Chikopi Health History Form

Camp Chikopi: 373 Chikopi Road, Magnetawan, Ontario, P0A 1P0
Phone: (954) 566 8235 Summer Phone: (705) 387 3811 Email: campchikopi@aol.com

If Camper is an Anaphylactic Please Provide a Minimum of 3 Epi Pens – Pens will be Returned at End of Session

Will camper require any treatments, injections or medications while at Chikopi? If yes, list ailment, name of drug, time and amount of dose. All medications brought to Chikopi must be in their original containers with clear directions from the Pharmacist who filled the prescription. Over the counter medications must be in their original containers with campers name clearly printed on the container.

Physician's Name: _____

Address: _____

City: _____

Province/State: _____

Phone: () _____

To the best of my knowledge, the above camper is in good health. If exposed to any INFECTIOUS DISEASE within FOUR (4) weeks prior to attending Chikopi, or his medical conditions change, I will notify Chikopi in writing and submit a new health form.

In case of medical emergency, I give permission to have the camp physician/Director refer my child to hospital for treatment. I also understand that the camp physician and/or directors will try to keep my family informed of any emergency plans by phoning us either at home, work or summer place as notified above.

DATE: _____ Signature (Parent/Guardian) _____

Please Print Full Name _____

.....
For Chikopi Office Use Only

Date: _____ Diagnosis: _____

Treatment _____

Parents Notified? Yes: By Phone By Email Letter Date:

Comments:

.....

.....

..... Initials