

A Medical Physician or Nurse Practitioner MUST *complete and sign* this form during appointment with participant(s).
****PLEASE PRINT ALL INFORMATION LEGIBLY****

Participant's Name: _____

Participant's Disability (If applicable): _____

BC Care Card Number: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

What precautions or limitations to physical activity do you wish this camper to observe? _____

MEDICATIONS (*Attach a separate sheet if space provided below is insufficient.*)

Regular/Scheduled Medications: Please include all prescription medications/supplements

PRN Medications: Please include all PRN, homeopathic, vitamins, ointments, etc. taken on a regular basis. (**Only PRNs on this list can be given regularly by the Camp Health Care Team**)

Generic Name	Dosage (mg)	Quantity (ii/mLs)	Route Time Administered

Medical Practitioner's Name: _____ **Phone:** _____
(please print)

Generic Name	Dosage (mg)	Quantity (ii/mLs)	Route Time Administered

Signature: _____ **Date:** _____

SPECIAL MEDICAL CONSIDERATIONS

In the past year has this person had, or been exposed to, a serious injury? No /Yes

If yes, please specify: _____

Please state all allergies and reactions (food, drug and/or environmental): _____

Must this camper have an epi pen or similar product on their person at all times? No Yes

Does this person's condition present any special medical treatments or concerns during their time at camp? _____

Does this person experience seizures? No /Yes

State type, frequency and duration of seizures: _____

****It is CAN's Policy that all campers with present concerns around seizure activity wear a Lifejacket while around/in water unless otherwise indicated by a Medical Professional****

Must this child wear a lifejacket while around/in water? No /Yes (this question is only for campers with seizure activity)

Does this person presently have a concerning communicable illness or disease (including but not limited to Hepatitis, Tuberculosis, HIV)?

No /Yes Please Specify: _____

Has this person ever been exposed to a concerning communicable illness or disease that would prevent an issue for their participation at camp? No /Yes Please Specify: _____