RETURN TO EITHER OFFICE:

1760 TELEGRAPH, SUITE 300
BLOOMFIELD HILLS, MI 48302-0183
248-335-6400

161 EGLINTON AVE. E., SUITE 501
TORONTO, ONTARIO M4P IJ5
416-924-7433

CAMP HEALTH HISTORY FORM

Completed ORIGINAL form must be mailed to the camp office prior to MAY 15.

This form is to be completed by parents/guardian for minors (under age 18) or by adult staff members (18 and over).

Name_______________________________________ Birth Date_______________ Sex_________ Age_________
Last First Initial

Parent/Guardian Home Address____
Number & Street City State/Province Zip Code

Emergency contacts (parents, guardian, spouse, relatives, etc.) -- List in the order they should be contacted.

***Contact 1* – (*Parents*)**

Name________________________________

____

Home Phone________________________ Area Code/Number

Work Phone________________________ Area Code/Number

Cell Phone________________________ Area Code/Number

Pager Number________________________ Area Code/Number

Fax Number________________________ Area Code/Number

Cottage Phone________________________ Area Code/Number

Contact 2

Name________________________________

Relationship________________________

Home Phone________________________ Area Code/Number

Work Phone________________________ Area Code/Number

Cell Phone________________________ Area Code/Number

Pager Number________________________ Area Code/Number

Fax Number________________________ Area Code/Number

Cottage Phone________________________ Area Code/Number

Contact 3

Name________________________________

Relationship________________________

Home Phone________________________ Area Code/Number

Work Phone________________________ Area Code/Number

Cell Phone________________________ Area Code/Number

Pager Number________________________ Area Code/Number

Fax Number________________________ Area Code/Number

Cottage Phone________________________ Area Code/Number

HEALTH HISTORY: *(Check -- giving approximate dates if appropriate)*

Frequent Ear Infections	____________	Mononucleosis	____________	Hay Fever	____________	Sinus Problems	____________
Heart Defect/Disease	____________	Mumps	____________	Poison Ivy	____________	Skin Problems	____________
Seizures	____________	Chicken Pox	____________	Bee Stings	____________	Migraines/Headaches	____________
Diabetes	____________	Measles	____________	Insect Stings	____________	ADD/ADHD	____________
Bleeding/Clotting Disorders	________	German Measles	____________	Penicillin	____________	Sleep Problems	____________
Hypertension	____________	AIDS or HIV Positive	____________	Other Drugs	____________	Eating Disorders	____________
Asthma	____________	Bronchitis	____________	Stomach/Bowel Problems	_________	Emotional Problems	____________

ALLERGIES:

Specify any food or other allergies, related medications, and/or treatment regime. Please note if your child must carry an **EPIPEN** and provide us with the details if they have ever had an anaphylactic reaction. Please detail severity and also send separate letter as requested in the Tamakwa Camper/Parent Manual:

____

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IMMUNIZATION HISTORY: *NO CAMPER/CIT/STAFF MEMBER WILL BE ALLOWED AT CAMP WITHOUT UP TO DATE IMMUNIZATIONS.*

Required immunizations must be determined locally. Please record the date of basic immunizations and most recent booster doses:

VACCINES	YEAR OF BASIC IMMUNIZATION	YEAR OF LAST BOOSTER
Diphtheria Pertussis (Whooping Cough) } DPT* Tetanus	1 2 3	1 2 3
Polio		
Measles / Mumps / Rubella -- MMR		
Hemophilus Influenza B -- HIB		
Hepatitis B		
Rubella - most recent		
Tetanus - most recent		
Chicken Pox - most recent		

MISCELLANEOUS HEALTH INFORMATION:

- Last health examination by physician. Date examined:____________________
- **(For Female):** Has she menstruated?____________________ If not, has she been told about it?____________________

  If so, is her menstrual history normal?____________________ If not, explain:____________________

  ____
- List any operations or serious injuries (include dates):____________________

  ____
- List any disability or chronic / recurring illness:____________________
- Explanation of any reported loss of consciousness, convulsion, or concussion (if applicable):____________________

  ____
- Presently under the care of a physician for the following condition(s):____________________

  ____

  ____
- List any treatment or medications to continue at camp:____________________

  ____

  ____

COMMENTS: (Please give any additional information that would be important. Be sure to include any activity restrictions if any exist.)

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____

PHYSICIAN INFORMATION:

Physician's Name:____________________ Phone____________________
Area Code/Number

Address____________________
Number & Street City State/Province Zip Code

IMPORTANT: THIS BOX MUST BE COMPLETED FOR ATTENDANCE

To the best of my knowledge I (staff member) or my child (camper) am/is in good health and all medical, psychological and/or emotional problems, conditions, or concerns have been fully disclosed to Camp Tamakwa Inc. ("Camp") in writing. Camp shall not be liable for any medical treatment or lack thereof to any camper or staff if the medical form is incomplete, not received in advance of camp, or if Camp is not advised of any change in health status (in writing) after submission of the health form.

I hereby give permission to the physicians and/or camp staff selected by the Camp Directors, to secure medical treatment for me (staff member) or my child including but not limited to medication, x-ray, hospitalization, anesthesia or surgery and any transportation for said purpose. I hereby waive, release and absolve and agree to indemnify and hold harmless Camp from all liability, injuries, or losses arising from my employment (staff member) or my child's stay at camp or participation in the Camp program, including any and all medical care rendered to me (staff member) or my child or lack thereof except such as results solely from willful neglect. I confirm that I (staff member) or my child is capable of participating safely in the full Camp program including all excursions, canoe trips, and all activities, unless I advise Camp otherwise in writing. I acknowledge that such participation involves risks and hazards incidental thereto all of which are assumed by me (staff member) or my camper. I agree to be responsible for any medical expenses beyond that furnished by Camp for me (staff member) or on behalf of my child.

I give permission for all health information and treatment to be shared with the appropriate Camp staff and outside medical personnel as deemed reasonable and necessary within the discretion of the Camp Directors. This also grants permission for Camp to contact the staff member's or camper's/minor's physician/specialist for consultation and hereby waive any privacy protection accorded by law for the purpose of treating any health condition presented at Camp.

The Courts of Ontario shall have exclusive jurisdiction over any claim, legal dispute or cause of action arising out of my employment (staff member) or stay at Camp or my child's stay at Camp or his/her medical treatment, or lack thereof including any relationship with any Camp employee, agent, physician, nurse, or hospital including but not limited to causes of action in tort, negligence, or wrongful termination. It is hereby agreed any such legal proceedings commenced or filed against Camp, will be held only in the Province of Ontario and I, hereby irrevocably submit to the exclusive jurisdiction of the Courts of the Province of Ontario and will further indemnify and/or reimburse Camp for any legal fees or expenses incurred by Camp challenging jurisdiction in any matter or cause of action filed outside the Province of Ontario. The laws of Ontario shall govern any dispute, or claim.

Any reference to the term Camp above shall be deemed to include all of its employees, medical staff, other staff, agents, owners, directors and officers. It is further agreed all of the above terms, conditions, and provisions are not only binding upon me (staff member), my child/camper, any and all siblings, and all parents/legal guardians, but also upon any heirs, executors, successors or assigns.

____________________ ____________________ ____________________
Signature - Both Parents / Legal Guardians Signature - Both Parents / Legal Guardians Date

(Both Parents / Legal Guardians of all campers/CITs and of all staff under the age of 18 at the time of signing this form)

____________________ ____________________
Signature - Staff Member **(All ages)** Date