

天主教救世主堂
2018年
兒童夏令營



Saviour of the World
Chinese Catholic Church
Summer Fun Camp 2018

Camper Medical Information

Camper Information

Camper Full Name: _____ Gender: M F
Last First
 Health Card Number: _____ Date of Birth: _____
 Parent's / Guardian's Name: _____
Last First
 Address: _____
Street Address Apartment/Unit#

City Province Postal Code
 Phone: (H) _____ (C) _____ Email: _____

Person to contact in an emergency if parents / guardians are unavailable:

Emergency Contact: _____ Phone: _____
 Doctor's Name: _____ Phone: _____

Camper Medical Information

Medical History - Check the appropriate box if your child has had any of the following:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Red measles |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Frequent Cold | <input type="checkbox"/> German Measles | <input type="checkbox"/> Sinus Infection |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Seizures/Fainting | <input type="checkbox"/> ADD or ADHD |

Allergies – Does your child has allergy to any of the following?

Drug allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please elaborate: _____
Food allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please elaborate: _____
Insect allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please elaborate: _____
Asthma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please elaborate: _____
Other?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please elaborate: _____

Medications – Check the appropriate box if your child carries any of the following?

- Epinephrine autoinjector or EpiPen
- Medic-Alert bracelet or other type of alert (necklace, etc.): _____
- Other Medications: _____

Has your child had any recent illness or operation? Please provide details.

Does your child have any special needs or restrictions? (for example: diet, physical activity, emotional etc.)

Identify any other information we require concerning your child

To the best of my knowledge, my child is in good health and has not been exposed to any infectious disease. He/She is physically able to participate in all activities except those indicated under the restrictions above. I understand that this information is confidential and is for use by the Saviour of the World Chinese Catholic Church Summer Fun Camp staffs only.

Name: _____ Relation to Child: _____
 Signature: _____ Date: _____

