

Participant Medical Information

Please have your parent or guardian complete this form and bring it with you to registration on the first day of your camp. The information will be kept strictly confidential.

Participant's Name: _____ Sask. Health Number: _____

Name of Family Physician: _____ Physician's Phone #: _____

Physician's Address: _____

A) Immunization Records

Immunization for MMR (measles, mumps, rubella). Date of dose 1 (month/year): _____
Date of dose 2: _____

Year of completion of tetanus-diphtheria series: _____

Year of last tetanus booster: _____

B) Basic Health Information

Please list any significant operations, accidents or illnesses: _____

What was the cause of last medical attention: _____

Does the participant have any physical restrictions requiring special considerations? If so, what are they? _____

Is the participant under any form of treatment/medication for an illness, condition or injury? _____
If yes, please explain: _____

Is medication being sent to camp? _____
Does the participant require any assistance with taking the medication? _____
If yes, please explain: _____
Please detail routines, storage needs, etc. _____

Does the participant have any special dietary needs? If so, what are they? _____

Has the participant had or presently experiencing: (please circle)

Allergies	yes no	High Blood Pressure	yes no
Asthma	yes no	Joint injury/Surgery	yes no
Bleeding Disorder	yes no	Kidney Disease	yes no
Cancer	yes no	Menstrual Difficulties	yes no
Colitis	yes no	Mental/Emotional Problems	yes no
Diabetes	yes no	Back Pain or Injury	yes no
Blackouts	yes no	Neck Pain or Injury	yes no
Seizures	yes no	Rheumatic Fever	yes no
Epilepsy	yes no	Tuberculosis	yes no
Heart Disease	yes no	Ulcer	yes no
Hernia	yes no	Appendicitis	yes no

***For the safety and health of our participants, we cannot accept a sick child (fever, nausea, diarrhea, etc.)**

C) Allergic Reactions

Does the participant have allergic reactions to any of the following:

Penicillin: _____

Other Antibiotics (type): _____

Other Medicines (type): _____

Insect Bites/Stings (type): _____

Food (type): _____

D) Personal Data

We want your child to have a great summer! In order to achieve this we need to know more about your child. Please give the following questions your careful consideration and check off the applicable boxes below.

Social

Does Participant easily make friends with:

- Own Age
- Younger
- Older
- Adults

Is Participant:

- eager to attend camp
- or urged by parents

Eating Habits

- Fussy
- Average
- Hearty
- Food allergies
- Dietary restrictions

Sleeping Habits

- Frequent bed wetter
- Occasional bed wetter
- Walks in sleep
- Nightmares

Family

In the last year have there been any basic changes in family relationships?

- Birth
- Death
- Separation
- Marriage
- Divorce

Other

Does Participant have particular fears?

- Yes
- No

If yes, please provide details: _____

Does Participant have difficulties which may require some program adaptations?

- Physical
- Learning disability
- Other _____

Does Participant require special assistance to participate in the regular camp programming?

- Yes
- No

If yes, please provide details: _____

Advice about habits, physical or emotional needs

Please include any details which apply to the personal data. The more information you are able to provide, the better we are able to meet the needs of your child.

How well does Participant swim?

- Non-swimmer
 - Beginner
 - Average
 - Above average
- Swimming level: _____

E) Emergency Contact Information

In case of an emergency during camp, who shall be contacted?

Name: _____

Relationship: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Summer address (if parent or guardian) is going away while the participant is at camp? _____

Alternative Emergency Contact (in case parent/guardian cannot be reached)

Name: _____

Relationship: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Parent/Guardian signature to certify that the above information is accurate and to authorize use of personal information:

Signature

Date

Consent / Waiver:

I _____, parent or guardian of _____
(child's name) voluntarily choose to have my child participate in a seminar of the Saskatchewan Co-operative Youth Program with the full knowledge that there will be some risks inherent in activities of the seminar, and I hereby release Saskatchewan Co-operative Association, its directors, officers, employees and volunteers (collectively the "Releases") from all claims in respect to death, injury, loss or damage to my child and/or his/her property arising from the participation in or connection to the activities of the seminar notwithstanding that the same may have been contributed to or occasioned by an act or failure to act on the Releases, singly or collectively. I consent to emergency treatment of my child in the event of injury or illness. I also consent to free use of my child's name and photograph in connection with the Saskatchewan Co-operative Youth Program in print, online and other formats. I consent to the sharing of my child's contact information (phone number, email address and mailing address) amongst program participants and program volunteers. I further acknowledge that I have read this release and understand its effect.

Parent/Guardian Signature _____

Date _____