



HEALTH FORM

TOBIQUE FIDDLE CAMP, JUNE 24-28, 2012

CHILD'S NAME (S): _____

I hereby authorize Tobique Fiddle Camp staff to secure such medical advice and services as may be deemed necessary for the health and safety of my child/ward.

Please sign below indicating that you have read the above information and agree to its conditions.

Parent/Guardian Signature : _____

NAME : _____ **AGE :** _____

PROVINCIAL HEALTH INSURANCE NO. : _____

SUBSCRIBER'S NAME : _____

FAMILY DOCTOR : _____ **DR. PHONE NUMBER :** _____

In order that staff may provide the best care for the participant, the following information is useful :

1. Do you have any special instructions for staff regarding the participant's health care and dietary care?

2. Does the participant have allergic reactions to such things as drugs, food, insect stings, etc.? _____

If so, please list, giving type of reaction, treatment given, etc.

3. Is the reaction life-threatening? _____

4. Are there any chronic conditions or recent illnesses of which staff should be aware?

5. Please provide details of treatment required and names of medication participant will be bringing if required for the above mentioned condition :

MEDICATIONS : Any medications (over the counter/prescribed) required by participants must be brought to camp:

- in **original packaging** with dosage instructions clearly labeled with the participant's name.
- Medications are given to staff upon arrival for storage.
- The first aid provider will supervise the self-administration of medication by participants according to instructions provided.