

Camper Name: _____

Please print clearly

Camp Outlook Camper Information Form

Camp Outlook involves a strenuous wilderness trip, sometimes several days away from help. While all of our trip leaders are trained in first aid procedures, a full and complete medical history is necessary to plan a safe and enjoyable trip. If possible, have the camper see a doctor for a general check-up before their trip. If you are unsure about any of this information please contact a doctor. **We require ALL information on this form to be completed** before the camper goes on trip. **This form is not designed to exclude campers**, it is to ensure that we are prepared to meet their unique needs. All information in this form is kept confidential within Camp Outlook. **Please ask us if you have any questions or concerns about this form.**

Name on Health Card: _____

Ontario Health Card Number: _____

Birth Date: YEAR MONTH DAY Height: _____ Weight: _____

Does the camper smoke/vape? **YES / NO** If yes, how much? _____

*If yes, does the camper have guardian permission to do so on trip? **YES / NO** Initial: _____

Has the camper wet their bed in the last three years? **YES / NO**

**Depending on the time of year and other factors this may present a safety concern*

Does the camper have an up to date Tetanus vaccine? **YES / NO**

**The camper must have an up to date [Tetanus](#) vaccine (within the last 10 years) to go on trip.*

Is the camper taking any medication, prescription or over-the-counter? **YES / NO**

Medication:	Purpose:	Schedule and Dose:	Possible Side Effects:

**All medications are stored by trip leaders in the first aid kit. Campers are not given access to the first aid kit. If the camper carries any rescue medications (eg. Ventolin) it may be more appropriate for them to carry the medication with them, however we must be informed beforehand. Please contact us if any of the medications listed are for rescue/emergency use.*

Please attach additional information if more space is required

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We carry the following over-the-counter medications in our first aid kits. Please circle **YES** if the camper **CAN** be given the medication if necessary or **NO** if they **CAN NOT** be given:

Ibuprofen (Advil): **YES / NO**

Acetaminophen (Tylenol): **YES / NO**

Dimenhydrinate (Gravol): **YES / NO**

Diphenhydramine (Benadryl): **YES / NO**

Calamine lotion (Caladryl): **YES / NO**

Antibacterial creams (Polysporin): **YES / NO**

Does the camper have any allergies (eg. food, bites, stings, plants, drugs)? **YES / NO**

Allergy Cause:	Describe Reaction and Severity:	Treatments:

Does the camper have special dietary needs or restrictions (eg. lactose free, gluten free, vegan)? **YES / NO** If yes, please describe and list any treatments:

Does the camper use any sensory or mobility aids (eg. glasses, hearing aid)? **YES / NO** If yes, please describe and list any treatments:

Does the camper experience motion sickness? **YES / NO** If yes, please describe and list any treatments:

Does the camper have autism, ADHD, ODD, learning difficulties, and/or other behavioural diagnosis? **YES / NO** If yes, please describe and list any treatments:

Does the camper have any history of depression, anxiety, self harm, running away and/or other mental health diagnosis? **YES / NO** If yes, please describe and list any treatments:

Does the camper have any history of violence, aggression, and/or sexual misconduct? **YES / NO** If yes, please describe and list any treatments:

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Does the camper have any of the following:

Any recent or recurring injuries (eg. twisted ankles, back pain, blisters, sunburns)? YES / NO If yes, please describe and list any treatments:

Any infections within the past 6 months (eg. chickenpox, meningitis)? YES / NO If yes, please describe and list any treatments:

Asthma and/or other lung/respiratory conditions and/or surgeries? YES / NO If yes, please describe and list any treatments:

High blood pressure and/or other heart/cardiovascular conditions and/or surgeries? YES / NO If yes, please describe and list any treatments:

Ulcers and/or other stomach/intestinal/digestive conditions and/or surgeries? YES / NO If yes, please describe and list any treatments:

Bladder infections and/or other kidney/bladder/urinary conditions and/or surgeries? YES / NO If yes, please describe and list any treatments:

Arthritis, eczema, and/or other bone/joint/muscle/skin conditions and/or surgeries? YES / NO If yes, please describe and list any treatments:

Diabetes and/or other metabolic conditions and/or surgeries? YES / NO If yes, please describe and list any treatments:

Epilepsy and/or other neurological conditions and/or surgeries? YES / NO If yes, please describe and list any treatments:

Any other medical condition and/or surgery not listed above? YES / NO If yes, please describe and list any treatments:

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Is the camper pregnant? **YES / NO** If yes, please consult a doctor about safety concerns.

I give permission for Camp Outlook to contact the camper's doctor(s) if needed.

Doctor Name: _____ Phone Number: _____

We REQUIRE 2 separate emergency contacts, living at different addresses (eg. relative, neighbour, friend, social worker) who will be available while the camper is on trip.

	PRIMARY CONTACT	2nd EMERGENCY CONTACT
Name		
Relation to Camper		
Area of Residence		
Primary Phone Number		
Secondary Phone Number(s)		

While we require the above Information Form to be completed before going on trip, you must raise all possible issues with your doctor **and** with Camp Outlook. Common sources of problems on Camp Outlook trips are health and/or behavioural issues which were known to the camper, guardian, and/or referrer before the trip began. **If the camper has a health or behavioural issue it does not necessarily mean that they will not be able to participate.** If we know about an issue in advance we are usually able to accommodate it. In some cases however, it would not be in the best interest of the camper to go on the trip. In either case it is essential that we be aware of **ALL** possible concerns or considerations, **both medical and behavioural**. While all of our volunteer trip leaders receive extensive training, they are not professional counsellors, youth workers, or health care workers. Please contact us if you have any questions or concerns. Please use the space below to indicate any other information, not outlined above, which Camp Outlook should be aware of:

I have read this form and confirm that all information is current, complete, and accurate. I have read and understand the document entitled "Camp Outlook Camper Letter of Eligibility" and have raised any potential issues with the Camp Outlook Camp Directors.

Camper Signature:	Date:
Guardian Name:	Relation to Camper:
Guardian Signature:	Date: