

# 2015 Sports Day Camp

## Camper Health Form

Please be sure to read and complete all parts of this document!



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### HEALTH INFORMATION

*A physician's examination is not required. Please complete this information to the best of your knowledge. Please inform the camp office in writing of any changes to your child's health prior to their arrival at camp.*

Camper's Name:			
Health Card #:		Version Code:	
Family Doctor:			
Does your child have any allergies/intolerances:			
If yes, what are they allergic to?			
Does this allergy require an epi-pen?			
Does your child take any medication on a daily/regular basis?			
If yes, which medication?			
Will your child be taking any medication while at camp?			
If yes, which medication?		Dosage?	
<i>**All medication that comes to camp must be in its original container with all instructions attached. You will be required to fill out a medication administration document before your child attends camp. **</i>			
Are there any activity restrictions while at camp?			
Are there any special/behavioural considerations that we should be aware of in order to better facilitate your child's experience? (eg. Anxiety, phobias, frustrated easily)			
Strategies to help your child manage these behaviours?			

