



CAMPER HEALTH REPORT

PLEASE NOTE: This form **DOES NOT** need to be completed by a physician. Fill in the Health Report and return it to camp along with your registration form and a signed Youth Consent form.

(Please Print)

Camper's First Name _____ Last Name _____

Mailing Address _____

Postal Code _____ Age _____ Date of Birth _____

Personal Medical # (9 Digits) _____ Registration # (6 Digits) _____

Other Medical/Accident Insurance Type & No. _____

Camp Session (ie: Junior/Middle Yrs Camp) _____ Camp Dates _____

In Case of Emergency:

Guardian's Name _____ Home # _____ Work # _____

Alternate Contact Person _____ Phone # _____

Camper's Doctor _____ Phone # _____

Camper's Dentist _____ Phone # _____

General Health History (List any):

Indicate Treatment (i.e. give Tylenol, rest, etc.)

Chronic Illness (i.e. diabetes, arthritis)	
Psychological conditions (i.e. ADD, behavioural concerns, phobias, depression)	
Neurological conditions (i.e. epilepsy, migraines, frequent headaches)	
Eye problems (i.e. pink eye, wears glasses / contacts)	
Ear, Nose and Throat problems (i.e. ear aches, sinusitis, sore throat)	
Mobility Limitations	
Orthopedic Injuries/problems (i.e. joint or back injuries)	
Respiratory problems (i.e. frequent colds or coughs)	
Asthma (what triggers an attack?)	
Gastrointestinal problems (i.e. stomach aches, nausea, vomiting, constipation)	
Skin conditions (i.e. rashes, eczema, hives, burns easily in the sun)	
Past Surgeries	
Other (i.e. Sleep walking, bed wetting)	

Allergies Please list any allergies to food (e.g., lactose intolerance), medication or other allergies (such as pollen, dust, etc.):

Allergy

Reaction

Treatment (e.g. EpiPen)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any other medical conditions the Camp Nurse should be aware of? Yes No (If yes, please specify)

Girls Only: Is she menstruating? Yes No

Is she aware of its possible onset? Yes No

Date of last physical exam _____

Date of last Tetanus shot _____

Are Immunizations up to date? Yes No

Medications

Please list the medications that the camper is currently taking:

Name of Medication	Dose	Time usually taken	Reason

Has the camper been on any other medications in the last 4 weeks? Yes No (If yes, please specify):

If your child should become ill or injured while at camp, it may be necessary to give them medications that are administered by the camp nurse. The following is a list of medications available at the nursing station. Medications may include, but are not limited to this list. Please check off any medications you **DO NOT** want your child to receive.

- | | |
|--|--|
| <input type="checkbox"/> Tylenol (acetaminophen) – for pain/fever | <input type="checkbox"/> Ibuprofen (Advil, Motrin) – for pain/fever |
| <input type="checkbox"/> Lozenges (Halls, Cepacol) – for sore throats | <input type="checkbox"/> Antacids (Tums, Rolaids) – for stomach ache |
| <input type="checkbox"/> Gravol – for nausea or vomiting | <input type="checkbox"/> Antibiotic Ointment (Polysporin) – for minor cuts |
| <input type="checkbox"/> Eye Drops (Visine or Polysporin) – for dry/red eyes | <input type="checkbox"/> Ear Drops (Polysporin) – for swimmers ear |
| <input type="checkbox"/> Antihistamines (Benadryl, Claritin, Chlortripolon) – for allergy or cold symptoms | <input type="checkbox"/> EPI-PEN – for severe allergic reactions |
| <input type="checkbox"/> Decongestants (Cough Syrup, Tylenol Cold) – for coughing/cold symptoms | |

Please note: All prescribed medication must be sent in the ORIGINAL PRESCRIPTION BOTTLE (please send sufficient supply with a few extra). The Camp Nurse will administer ALL medications. If the medication is not in the original bottle or the label is not legible **IT WILL NOT BE ADMINISTERED**. If any change in the camper’s health occurs prior to coming to camp, the camp must be notified.

Any over-the-counter medication must be in the ORIGINAL PACKAGE and be accompanied by parent instruction.

Has the camper had head lice and / or nits in the past year? Yes No If yes, please specify dates _____

*Please note that the Nurse assisted by camp staff do a thorough lice check at the beginning of each camp session. Any camper found with head lice and / or nits will be sent home immediately for treatment. The camper may return to camp when diagnosed by a Public Health Nurse in writing to be lice and nit free.

If the camper has been exposed to an infectious disease or serious illness within the past six weeks, or has had a medical problem, please have your doctor send a letter to Camp Nutimik outlining the illness, physical activity restrictions and medications prescribed.

NOTE: In the event of serious illness, accident, or other emergency, parents / guardians will be contacted. In the event that the parents / guardians cannot be reached, I hereby give consent for the camp administration to arrange for professional medical treatment in the event of an emergency. In the event medication, medical advice, treatment, ambulance, and or equipment are required, the charges will be made to the parents / guardians.

Parent / Guardian Signature _____ Date _____

A COMPLETED HEALTH REPORT MUST BE SENT TO THE CAMP REGISTRAR IN ORDER TO FINALIZE THE REGISTRATION PROCESS AND GUARANTEE YOUR SPOT AT CAMP.

SEND TO: Camp Nutimik Registrations, Box 35040 RPO Henderson, Winnipeg, MB, R2K 4J9.
Ph: (204) 415-9007 ~ Fx: (204) 417-7300 ~ E: registrar@campnutimik.com

Camp Nutimik – Youth Consent Form

INFORMED CONSENT AND ACKNOWLEDGEMENT OF RISK

To be completed for participants under the age of 18.

This *Informed Consent and Acknowledgment of Risk* form is an agreement between the custodial parent/guardian of the youth participant named below, the youth participant and Lake Nutimik Baptist Camp INC. ("Camp Nutimik"). The intent of this form is to inform you of the activities and expectations of our programs so that the choice to participate in any Camp Nutimik program is made freely and with understanding of the associated benefits, risks and responsibilities. Please discuss this with your child and have them initial and sign with you to show that they choose to participate.

This is not a waiver and signing this form DOES NOT waive your child's legal rights.

PARTICIPANT'S NAME: _____

BENEFITS & RISKS

The activities offered at Camp Nutimik are designed to pose appropriate challenges for participants. The enjoyment and educational benefit derived from outdoor activities is, in part, a result of risks inherent in these activities. The benefits of participation include developing self-confidence, leadership, teamwork and interpersonal skills, exposure to outdoor recreation activities, and nature education. While Camp Nutimik strives to manage risk, it is neither possible nor desirable to eliminate all risk.

- Camp Nutimik offers outdoor activities which include, but are not limited to: white water and flat water canoeing and kayaking; low ropes courses; rock climbing; hiking; nature study; snow shoeing; cross country skiing; caving; swimming; motor boating; sailing; backcountry camping; winter camping; use of camp stoves and campfires; rental of canoes, kayaks, sailboats, motor boats and other equipment; instructional courses; transportation; food & beverage; water supply; rescue and first aid services; and accommodation.
- I am aware that participation in the Activities involves many risks and hazards including, but not limited to: accidents which occur during transportation or travel to and from activity locations; slips and falls; overturning of boats; all water hazards; cold water immersion; creek or river crossings; rock fall; hypothermia; inclement weather conditions including storms, high wind, high waves, and lightning; equipment failure; encounters with domestic and wild animals; collision with other persons, animals, equipment, vehicles or objects; becoming lost; negligence of other persons, including other guests; and NEGLIGENCE ON THE PART OF CAMP NUTIMIK, INCLUDING THE FAILURE BY CAMP NUTIMIK TO SAFEGUARD OR PROTECT ME FROM THE RISKS AND HAZARDS OF THE ACTIVITIES.
- Communication with emergency services may be difficult and in the event of an accident or illness rescue, medical treatment, dental treatment and evacuation may not be available or may be delayed.



AGREEMENT

We understand and agree that participation in Camp Nutimik activities requires the Participant to:

- Share the responsibility for the safety of their self and others during all activities.
- Follow all instructions and directions of Camp Nutimik Staff/ Instructors/ Guides. Failure to do so may result in removal from the program.
- Acknowledge the above risks and accept responsibility for all damages and loss, including injury and death resulting from their participation.
- We may contact Camp Nutimik in advance if I have questions about the risks described above or pertaining to any other aspect of the program. More information can also be found at www.campnutimik.com
- This Agreement will be governed and interpreted in accordance with the laws of the Province of Manitoba.
- I understand that Camp Nutimik frequently uses photos and videos for all of its camps/ trips and events for staff keepsakes, to promote the program, and to share with CAMP NUTIMIK'S supporters and donors, and I hereby grant permission to CAMP NUTIMIK, on behalf of myself or my minor child, to use any such photos and videos that contain images of myself or my minor child.
- We hereby acknowledge that we have fully read, understood, discussed and accepted each of the provisions in this entire document, and that we have voluntarily initialed and signed this document.

Please Initial

We Agree

Parent Participant

PARENT

Custodial Parent/Legal Guardian's Printed Name

Custodial Parent/Legal Guardian's Signature

Date

PARTICIPANT

Participant's Printed Name

Participant's Signature

Date