

# STAFF HEALTH FORM

Completed form must be in camp office prior to arrival.

**Form must be completed by adult staff members (18 and over) or parents/guardians of staff under 18.**



MICHIGAN: 1760 S. Telegraph, Suite #300, Bloomfield Hills, MI 48302-0183 - (248) 335-6400 Fax: (248) 335-2540  
TORONTO: 431 Belsize Drive, Toronto, ON M4S 1N3 - (416) 924-7433 Fax: (416) 924-5822  
SUMMER: P.O. Box 10008, Huntsville, ON P1H 2H3 - (705) 633-5561

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_  
Last First (mm/dd/yyyy) (lbs)

Home Address \_\_\_\_\_  
Number & Street City Prov/State Zip Code Country

**HEALTH CARD NUMBER** (Canadian's Only) \_\_\_\_\_

## EMERGENCY CONTACTS (parents, guardians, relatives, etc - list in the order they should be contacted)

<u>Contact #1</u>	<u>Contact #2</u>	<u>Contact #3</u>
Name _____	Name _____	Name _____
Relationship _____	Relationship _____	Relationship _____
Home Phone _____	Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____	Cell Phone _____
Email _____	Email _____	Email _____

## DOCTOR'S INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_ City/Country \_\_\_\_\_

## MEDICAL INFORMATION

The following sections cover allergies, medications, general health concerns and other medical information needed for the safety and well being of our staff. Please complete in as much detail as possible and where necessary, feel free to send additional information in a separate letter or email to either office.

**ALLERGIES** Any allergy that causes a physical reaction (e.g. swelling, rash, hives, anaphylaxis, etc.) should be indicated here. Activity and dietary restrictions for reasons other than allergies should be listed in the appropriate fields below.

Do you have any allergies: YES [ ] NO [ ]  
If yes, please indicate which type: MEDICINE [ ] FOOD [ ] ENVIRONMENTAL [ ] OTHER [ ]

Please provide as much detail as possible on specific allergies and previous reactions. If necessary, attach additional documentation with details.

## IMMUNIZATION HISTORY

Date of last Tetanus Shot \_\_\_\_\_

Have you followed the Standard Immunization Schedule for Infants and Children: YES [ ] NO [ ]

Have you ever been immunized against Chicken Pox? YES [ ] NO [ ]

Have you ever been immunized against the Measles? YES [ ] NO [ ]

**(OVER)**

**GENERAL HEALTH**

Please review the following questions regarding your general health. Please detail any "yes" answers in the space provided at the bottom. If additional space is needed please forward an additional letter or email to either office.

Indicate if you have or have ever had any of the following: **(YES or NO must be entered on each line below)**

- Diabetes
- High blood pressure
- Problems with joints
- Asthma
- Recent injury, surgery, illness or infection disease
- Frequent headaches / migraines or head injury
- Been diagnosed with a heart defect, disease or murmur
- Been diagnosed with an attention deficit disorder (ADD or ADHD)
- Ever passed out, become dizzy or experienced chest pains during or after exercise / physical exertion
- Seizures
- Back problems / injury
- Skin problems
- Frequent ear infections
- Chronic or recurring illness / conditions
- Problems with diarrhea / constipation

Please provide details for any **YES** answers:

**EMOTIONAL HEALTH HISTORY**

Indicate if you currently are, or have ever been, under the care of a physician, social worker, psychiatrist or any other mental health professional for any of the following: **(YES or NO must be entered on each line below)**

- Any emotional health concerns
- Any diagnosis such as depression, OCD, Asperger's syndrome, panic/anxiety disorder, etc
- Significant life event that continues to affect you

Please provide details for any **YES** answers:

**MEDICATIONS**

Please list any regular medications and/or treatments you take during the year and if you are considering discontinuing any of them for the summer.

**IMPORTANT: THIS BOX MUST BE COMPLETED FOR STAFF EMPLOYMENT AND/OR ATTENDANCE**

To the best of my knowledge I am (my child is) in good health and all medical, psychological and/or emotional problems, conditions, or concerns have been fully disclosed to Camp Tamakwa Inc. ("Camp") in writing. Camp shall not be liable for any medical treatment or lack thereof to any staff member if the health form is incomplete, contains false information, not received in advance of camp, or if Camp is not advised of any change in health status (in writing) after submission of the health form.

I hereby give permission to the physicians and/or camp staff selected by the Camp Directors, to administer and/or secure medical treatment for me (my child) including but not limited to medication, x-ray, hospitalization, anesthesia or surgery and any transportation for said purpose. I hereby waive, release, absolve, and agree to indemnify and hold harmless Camp from all liability, injuries, or losses arising from my (my child's) employment or attendance at camp or participation in the Camp program, including any and all medical care rendered to me (my child) or lack thereof except as results solely from willful neglect. It is my desire that I (my child) participate in the full camp program and all activities and confirm that I am (he/she is) capable of participating safely in all activities, including but not limited to excursions and wilderness canoe tripping unless a written medical restriction is provided and Camp agrees to said restriction in writing. I acknowledge that such participation involves risks and hazards incidental thereto all of which are assumed by me (my child). I agree to be responsible for any medical expenses beyond that furnished by Camp on behalf of myself (my child).

I give permission for all health information and treatment to be shared with the appropriate Camp staff and outside medical personnel as deemed reasonable and necessary within the discretion of the Camp Director(s). This also grants permission for Camp to contact my (my child's) physician or specialist for consultation and hereby waive any privacy protection accorded by law for the purpose of treating any health condition presented at Camp.

The Courts of Ontario shall have exclusive jurisdiction over any claim, legal dispute or cause of action arising out of my (my child's) employment or attendance at Camp or my (his/her) medical treatment, or lack thereof including any relationship with any Camp employee, agent, physician, nurse, or hospital including but not limited to causes of action in tort or negligence. It is hereby agreed any such legal proceedings commenced or filed against Camp, will be held only in the Province of Ontario and I, hereby irrevocably submit to the exclusive jurisdiction of the Courts of the Province of Ontario and will further indemnify and/or reimburse Camp for any legal fees or expenses incurred by Camp challenging jurisdiction in any matter or cause of action filed outside the Province of Ontario. The laws of Ontario shall govern any dispute, or claim.

Any reference to the term Camp above shall be deemed to include all of its employees, medical staff or otherwise, agents, owners, directors and officers. It is further agreed all of the above terms, conditions, and provisions are not only binding upon me, my child, any and all siblings, and all parents/legal guardians, but also upon any heirs, executors, successors or assigns.

\_\_\_\_\_  
Signature - Both Parents / Legal Guardians

\_\_\_\_\_  
Signature - Both Parents / Legal Guardians

\_\_\_\_\_  
Date

**(Both Parents / Legal Guardians of all staff under the age of 18 at the time of signing this form)**

\_\_\_\_\_  
Signature - Staff Member (All ages)

\_\_\_\_\_  
Date