

## Health and Care Profile Questionnaire

Camp Sunflower supports a camper to staff ratio of 3 to 1 to 2 to 1 depending on overall camper needs. If your child requires 1 to 1 support, please call Lois to discuss your options at 403-397-5647.

Camp Sunflower must be notified of any change in health status from the time this questionnaire is completed until the camper starts camp.

### GENERAL INFORMATION/CONTACT INFORMATION:

Camper Name: \_\_\_\_\_ Date of Birth: day / month / year

Sex:  Male  Female  Other – please specify: \_\_\_\_\_

Weight: pounds / KG Height: feet / inches

Does your child use a wheelchair?  Yes  No

Health Card #: \_\_\_\_\_

(If the camper does not have a current Alberta Health Card, a copy of their medical insurance must be attached to cover any medical care outside of camp)

Camper's Home Address: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

#### Emergency Contact #1

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Cell #: \_\_\_\_\_ Business #: \_\_\_\_\_ Home #: \_\_\_\_\_

#### Emergency Contact #2

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Cell #: \_\_\_\_\_ Business #: \_\_\_\_\_ Home #: \_\_\_\_\_

If unable to contact either parent/guardian listed above, in the event of an emergency please give us the name of at **least one contact** who we can notify and will be able to authorize emergency medical treatment.

**These people know my child and have agreed to be contacted in the event either parent/guardian is not available:**

#### Emergency Contact #3 (different from contact #1 or #2):

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Cell #: \_\_\_\_\_ Business #: \_\_\_\_\_ Home #: \_\_\_\_\_

**Emergency Contact #4 (must be different from contact #1 or #2):**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Cell #: \_\_\_\_\_ Business #: \_\_\_\_\_ Home #: \_\_\_\_\_

**PHYSICIAN INFORMATION:**

Pediatrician/Family Doctor Name: \_\_\_\_\_ Business #: \_\_\_\_\_

**IMMUNIZATIONS:**

Our camper’s immunizations are up to date:  Yes  No  Not sure

*Health Canada states the following immunizations are mandatory: Measles, Mumps, Rubella, Pertussis, Tetanus, Diphtheria, Polio, Meningococcal, and Chicken Pox.*

**HEALTH HISTORY – FEMALES ONLY:**

Has the Camper menstruated?  Yes  No

**ALLERGIES:**

Please list: \_\_\_\_\_

\_\_\_\_\_

Does the camper have any anaphylactic (life threatening) Allergies – mandatory field:  Yes  No

If **yes**, please list the anaphylactic allergy: \_\_\_\_\_

What happens when your camper experiences an anaphylactic allergy (signs/symptoms): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of auto injector and dose:

EpiPen  Allerject  Other \_\_\_\_\_

Where does your child carry their auto-injector? \_\_\_\_\_

**All other allergies – please check all that apply:**

- Food – please specify:
  - Nuts/Peanuts/Tree Nuts  Dairy  Other – please specify: \_\_\_\_\_
- Drugs/Medication – please specify: \_\_\_\_\_
- Environmental (Hay Fever, etc.)
- Latex (balloons, gloves, band aides, etc.)
- Animals – please specify: \_\_\_\_\_
- Insects – please specify: \_\_\_\_\_
- Other – please specify: \_\_\_\_\_

**SEIZURE INFORMATION**

Seizure type	What happens	How long does it last	How often

**Please describe any seizure triggers:**

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**When should we call 911?**

- Generalized seizure longer than 5 minutes
- Two or more seizures without recovering between seizures
- "As needed" treatments don't work
- Injury occurs or is suspected, or seizure occurs in water
- Breathing, heart rate or behavior doesn't return to normal
- Unexplained fever or pain, hours or few days after a seizure
- Other: \_\_\_\_\_

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**Additional Seizure information:** \_\_\_\_\_

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**G-TUBE/J/NG-TUBE USE**

This section is to be completed if your camper will be fed or administered medication through their "tube". Please send all appropriate supplies for your camper, labeled with their name (syringes, g-tube connectors, water, nutrient formulas, etc.).

- Type of tube -  G-Tube  J-Tube  NG-Tube
- Gravity/Bolus or Pump Fed? – please specify \_\_\_\_\_
- Feeding time(s) if not continuous \_\_\_\_\_
  - Feed name \_\_\_\_\_
  - Amount of feed \_\_\_\_\_
    - The flow rate set on the pump for your child is \_\_\_\_\_ mls/hour
    - The dose or volume on the pump for your child is \_\_\_\_\_ mls/hour
  - Other information: \_\_\_\_\_

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- Flushing
  - Amount after feeding \_\_\_\_\_ mls
  - Amount during continuous feeding (every \_\_\_\_ hours) \_\_\_\_\_ mls
  - Amount before medication \_\_\_\_\_ mls and after \_\_\_\_\_ mls
  - Flush liquid used  Water  Pedialyte  Other \_\_\_\_\_
- Venting requirement
  - No  Yes – if yes, when? \_\_\_\_\_

Other information to support tube feeding: \_\_\_\_\_

\_\_\_\_\_

**ORAL FEEDING INFORMATION**

Describe if your child needs any assistance with oral feeding (level of support/strategies/etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS:**

List **ALL** prescription and/or non-prescription medication to be given while at camp, including allergy and seizure rescue meds:

\*All medication must be in the original container or pharmacy issued blister pack with a valid expiry date. Non-prescription medications must also be in the original container with proper labeling. In order for our Camp Nurse (LPN) to administer prescription and non-prescription medication, a doctor’s note is required and/or a copy of the prescription for each medication.

Name of Medication	Dose (amount)	Route (method medication is to be taken)	Reason for taking medication	Special Instructions
<i>e.g. Salbutamol, Clonazepam</i>	<i>e.g. 2 puffs inhaler, 1.5 mg pill</i>	<i>e.g. By mouth, g-tube, etc. – with or without food?</i>	<i>e.g. Asthma, Dystonia</i>	

**OTHER RELEVANT HEALTH AND CARE INFORMATION:**

Describe other relevant medical and/or care information, including health conditions, recent operations, illness or injuries the camper has had, seating, positioning, removal of AFOs during the day, etc. and provide details so we can best care for your child: \_\_\_\_\_

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Please share any other important information that would help us ensure your camper has a wonderful experience at camp: \_\_\_\_\_

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Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Please print*

Parent/Guardian Signature: \_\_\_\_\_