



# Camp Kinkora

Community for Life.

# DLC

## Camper Registration & Medical Form

2017 - 2018

<b>Summer Session:</b>				
Diocesan Liturgy Camp	Diocesan Family Camp	Foundation Family Camp		
Visions Camp	Youth in Action Camp	Other: _____		
<b>Camper Information</b>				
Name: _____				
Address: _____				
City: _____ Province: _____ Postal Code: _____				
Phone: _____ Camper's Email: _____				
Birthdate ____/____/____/ Age on July 1: _____ Gender: M F DD MM YYYY				
<b>Parents / Guardian &amp; Emergency Contacts</b>				
<b>Legal Custody:</b> <u>Who has Custody and is Legally Responsible</u> for this camper: Both Parents (live together), Joint Custody (live apart), Mother, Father, Grandparents, Guardian, Foster Parents, Other _____.				
List in order who should be contacted in case of emergency				
<b>1<sup>st</sup> Contact</b>	<b>2<sup>nd</sup> Contact</b>			
Name: _____	Name: _____			
Relationship: _____	Relationship: _____			
Home Phone: _____	Home Phone: _____			
Work Phone: _____	Work Phone: _____			
Cell: _____	Cell: _____			
Email: _____	Email: _____			
<b>Important:</b> This medical form must be submitted to our camp office upon registration. Updates can be submitted later by email. Please ensure it is filled out completely & accurately. Campers cannot attend camp without a current medical form on file prior to camp.				
Camper's Health Card# _____ Expiry Date: _____				
Family Doctor: _____ Phone: _____				
Dentist / Orthodontist: _____ Phone: _____				
Immunization Year: Chicken Pox: _____ Hepatitis B: _____ Meningitis: _____				
Diphtheria/Pertusis/Tetanus/Polio: _____ Measles/Mumps/Rubella: _____				
<b>Allergies:</b> Does your child have any allergies?				
<b>Indicate Type:</b> Drug, Food, Environmental, Insect, Other	<b>Allergen</b> (please be specific)	<b>Type &amp; Severity of Reaction</b> (Indicate if life threatening)	<b>Management / Treatment / Medication</b>	<b>Date of Last Reaction</b>
<b>EpiPen:</b> Does your child require an EpiPen? No Yes If your child is required to carry an EpiPen (i.e. bee/wasp allergy), please provide two non-expired EpiPens; one for your child to carry with them and one to keep in the camp infirmary.				
<b>Dietary Restrictions:</b> Vegetarian Vegan, Lactose Intolerant Gluten Free Other _____				

**Asthma / Inhaler:** Does your child have asthma? Yes, No.  
 If yes, indicate severity? Mild, Moderate, Severe, Made worse by activity.  
 What are the triggers for these attacks? \_\_\_\_\_  
 Will your child be carrying an inhaler Yes No  
 If your child will be carrying an inhaler with them, please bring an extra non-expired inhaler to be left in the Infirmery. If your child has used an inhaler in the last year, they are required to have an inhaler at camp.

**Medications at Camp:** Will your child be taking any medications while at camp (prescription or homeopathic)? If yes, list medication, dosage, schedule, and reason for medication.

Medication	Dosage	Schedule	Reason

**All Prescription And Over-The-Counter Medications Will Be Collected And Kept With The Health Care Staff While At Camp.** Please be sure that medications are in their original packaging and labeled with the doctor's name, child's name, dosage, schedule, and date. A pharmacy issued blister pack is required if your child requires 3 or more daily medications. Any over-the-counter medications must be in the original packaging.

**Treatments:** Will your child require any treatments while at camp? If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**Over-The-Counter Medicine At Camp:** May the following over-the-counter medications be given to your child while at camp, if deemed necessary by the health care staff?

Acetaminophen (Tylenol), Antacids, Antihistamines (Benadryl), Gravol, Ibuprofen (Advil)  
 Is there anything the camp needs to be aware of when giving any of the approved over-the-counter medications to your child? \_\_\_\_\_

**Health History:** Please check any of the following conditions that your child has or is currently experiencing.

ADD/ADHD	Diabetes	Nightmares / Terrors
Athlete's Foot	Ear Infections / Hearing Problems	Nosebleeds
Back / Neck Pain or Injury	Epilepsy / Seizures	Sinus infections
Bedwetting	Fetal Alcohol Syndrome	Skin Problems
Behavioral Issues	Headaches / Migraines	Sleepwalking
Blackouts / Fainting	Heart condition	Speech Problems
Bleeding Disorder	Hernia	Stomach aches
Chest Pain	Homesickness	Sprains, Strains, Fractures
Chrons / Colitis / IBS	Kidney Disease	Tonsillitis
Concussion	Learning Disabilities	Urinary Tract Infection
Constipation / Diarrhea	Menstrual Difficulties	Visual Problems _____
Dental Braces / Caps / Bridges	Mental Health Issues	Weight / Eating Disorder
Developmental Delays	Motion Sickness	Other, _____

Please provide details about any conditions your child is currently experiencing. Please include all information regarding your child's history of illness so that our health care staff can be prepared in case of incident or emergency. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Operations / Hospitalization / Serious Injury:** Has your child had any operations, ever been hospitalized, or had a serious injury that may impact their participation in camp activities. If yes, please explain giving details, date of occurrence, any lingering effects on child's health, and any signs of illness that camp staff should look out for.

Date of Occurrence	Lingering Effects	Signs of Illness

**Diseases:** Has your child had any of the following diseases?

Chicken Pox	Hepatitis	Measles	Mononucleosis
Mumps	Rheumatic Fever	Scarlet Fever	Whooping Cough

**Activity Restrictions:** Camp Kinkora is located on a rugged, wooded site. Most of the activities take place outdoors. Does your child have any restrictions on activity? No, Yes If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Information:** Please list any other medical information the camp should know about your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything you would like to discuss with the camp medical staff? \_\_\_\_\_

\_\_\_\_\_

**IMPORTANT REMINDERS - please read carefully!**

- I understand that all information collected will be used to diagnose, treat or maintain my child's physical or mental health and to assist in preventing disease or injury or to promote health. This information is considered to be confidential and will be shared amongst health care providers as needed; ie: Health Care Staff, Camp Nurse, Nurse's Assistant, Walk in Clinic or Emergency Health Care Providers. This information will only be shared with the Camp Director and Camp staff on a need to know basis to ensure the physical and mental health of my child.
- To the best of my knowledge, my child is in good health. I will notify the camp in writing prior to arrival if there is any change in my child's health, or he/she is exposed to any communicable disease within 3 weeks prior to arrival at camp.
- In the case of a medical emergency, I understand that every effort will be made to contact parents or guardians. In the event I cannot be reached, I hereby give permission to the physician/nurse selected by the Camp Director to hospitalize, secure proper treatment, order injection, anesthesia or surgery for my child as named above.
- I agree to reimburse the camp for any prescriptions or medical expenses incurred for this camper.

\_\_\_\_\_

**Parent / Guardian Signature**

**Date**

**Photo Consent**

Camp Kinkora will take pictures and/or film various activities involving my child during his/her stay at camp, I hereby authorize the use of this material, in whole or in part, for advertising or promotion purposes (brochures, magazines, newspapers, television, social media, etc.). All materials used remain the property of the Diocesan Camping Association (DCA) and Camp Kinkora.

No, Yes

\_\_\_\_\_  
**Signature of Parent or legal guardian**

**RL-24 Tax Credit for Child Care Expenses**

Camp Kinkora can provide an RL-24 receipt which is used to claim the Quebec refundable tax credit for a portion of the camp fees that have been paid. Please provide the following information in order to receive the receipt.

**Camp Kinkora will not be able to process any incomplete or incorrect forms.**

Payer's Name: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Payer's Social Insurance Number: \_\_\_\_\_ Childs Date of Birth: \_\_\_\_\_  
DD MM YYYY

Payer's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Payer's Contact Info: (Tel) \_\_\_\_\_ Email: \_\_\_\_\_

Total Fees Paid: \$ \_\_\_\_\_ **(Up to \$270.00 as per Camp Kinkora 2017 camp fees)**

Camp Session Dates: From \_\_\_\_\_ To \_\_\_\_\_  
DD MM YYYY DD MM YYYY

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