



## Camp Teepee Pole Medical Questionnaire

Box 52124, Edmonton Trail RPO, Calgary, Alberta, T2E 8K9 | 403-636-0757

**Completed Forms are Required at Check-In**

**For privacy reasons, please do not mail this completed form but take it personally and present it to the Camp Registrar when you register on opening day of camp.**

Personal information policy of Camp Teepee Pole conforms to both Alberta and Federal personal information legislation (PIPA and PIPEDA) and is as follows: Any personal information collected by Camp Teepee Pole will be used for parental consent as regards attendance at Camp Teepee Pole, and will be stored for the duration of the camp, and used only for the purpose of obtaining medical care and contacting the parent or guardian should the need arise. Information will not be shared with any other group or used for any other purpose.

### Camper Information

Camper's Name:		Birthdate:		Age:	
Address:					

### Emergency Contact Information

In the event of an emergency or conflict, the following parent / guardian can be contacted:

	Name	Relationship	Phone	Alt Phone
Primary				
Alternate				

### Medical Information

In order to provide the best possible medical care of your child while at camp, your assistance is required in providing medical information. All information will be kept confidential. Please provide full details on page 2 of this form to any questions answered with a yes.

Provincial Health Care #		Family Physician	Phone
Any Physical Limitations?			
Any Reason to restrict certain Camp activities?			
Any Known Allergies (Medication, foods, environment, etc.?)			
Date of most recent Tetanus Vaccine if known?			

### Medication

Does your child take any medication on a daily basis ? If Yes, Please fill in the Medical Administration Schedule the on Page 2	
If Yes, do you want Camp staff to administer the medication?	



## Camp Teepee Pole Authorization for Medical Emergency and Transport

In case of medical emergency, I hereby give permission for appropriate transportation to a medical facility and to the physician selected by the camp director to hospitalize, secure proper treatment for, and/or to order injection, anesthesia and/or surgery, for my child as named above with the understanding that all responsible attempts have been made to consult with myself beforehand. I acknowledge responsibility for any associated financial charges.

Parent / Guardian's Name (please print)		Camper's Name	
Parent / Guardian's Signature		Date	

*This form will be shredded shortly after camp*



## Camp Teepee Pole Medication Administration Schedule

Camper Name: \_\_\_\_\_

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Med #	Medication Name	Time	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
<b>1</b>		am	N/A						
		mid	N/A						N/A
		pm							N/A
<b>2</b>		am	N/A						
		mid	N/A						N/A
		pm							N/A
<b>3</b>		am	N/A						
		mid	N/A						N/A
		pm							N/A
<b>4</b>		am	N/A						
		mid	N/A						N/A
		pm							N/A

**Additional Information, if required**