

CAMP TIDNISH
CONFIDENTIAL
MEDICAL
REPORT

Campers not presenting this document WILL be refused

Camper's Name: _____

Date of Birth: _____

Address: _____

No white out/liquid paper on this form please. Two distinctly different handwritings are undesirable. (This is a legal document)

This form must be completed by the camper's parent or guardian and returned to:

Easter Seals Nova Scotia
c/o Camping Program
3670 Kempt Road
Halifax, Nova Scotia B3K 4X8
Or faxed or emailed
Fax 1-902-454-6121 Email camping@easterseals.ns.ca

Please return by May 1st.

It is very important that the form arrives prior to the camping session as it contains necessary information for the medical staff.

Please note: This report is not to be mailed to the campsite and MUST arrive at the above address by the above-designated deadline.

CONFIDENTIAL MEDICAL REPORT

To the parent or guardian:

I hereby authorize the release of this information requested in this form to:

The staff of Camp Tidnish and of Easter Seals Nova Scotia who will treat this information with confidentiality.

Signature of Patient/Camper

Date _____

Signature of Primary Care Giver

Date _____

Date: _____

Please print or type:

1. Primary disability/illness/diagnosis: _____

2. Secondary disability/illness/diagnosis: _____

3. Medical History: (i.e., list and briefly describe any significant past or present medical illness with corresponding dates)

a) Medical illness: _____

b) Psychiatric illness: _____

c) Injuries: _____

d) Hospitalization: _____

e) Infectious disease: _____

4. List of current regular medications: (Please indicate if MAR sheet is attached instead)

<u>Name</u>	<u>Dosage & Times Taken</u>	<u>Indication</u>

5. List PRN medications:

<u>Name</u>	<u>Dosage & Times Taken</u>	<u>Indication</u>

6. Current Immunization Status: (i.e., date of last Tetanus, Hepatitis B, etc.)

7. Does the patient's condition and/or treatment cause adverse reactions to:

Certain Foods: ___ Yes ___ No

(If yes, please name:)

8. Please list all known allergies including medications:

9. Please elaborate fully on any significant abnormalities in the following systems:

Central Nervous System

Head and Neck

Cardiovascular

Respiratory

Gastro-intestinal (including bowel control)

Genito-urinary

Musculo-skeletal (including any limb dysfunction)
