

CAMP OUAREAU OUTDOOR LEARNING CENTRE

Experiencing the Adventure of Camping for over 80 years

Camper Medical Form

With this form, please attach a photocopy of your child's insurance card.

Camper's NAME: _____

<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Sleep Walking
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Migraine Headaches
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Problems
<input type="checkbox"/> Bed-wetting	<input type="checkbox"/> Joint Problems
<input type="checkbox"/> Other significant medical problems:	

Allergies:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please Specify: _____		

Does your child carry an Epipen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Give details of all positive responses, and of major or recent illness, operations, injuries or treatments. Give details of any other physical or emotional problems for which treatment may be necessary at camp. List all regular Medication.

I certify that the above information is accurate, and that I will inform Camp Ouareau of any changes in my child's medical condition between the time I send in the Medical Form to the teachers and the opening day of our Outdoor Learning Centre.

(Signature of Parent/Guardian) _____

(Date) _____

<p>CAMP OUAREAU OUTDOOR LEARNING CENTRE 2494 rue 125 sud, St-Donat, QC J0T 2C0. Office (819) 424-2662 Fax (819) 424-4145 www.ouareau.com gabz@ouareau.com</p>
