



Rotary Club of Peterborough Kawartha
Adventure In Understanding – 2018 Canoe Experience Health Form
August 26, 2018 to August 31, 2018

HEALTH INFORMATION

Campers Health Card #: _____ **Version Code:** _____ *A photo for emergency purposes will be taken on arrival day.*
Family Doctor: _____ **Phone:** _____
Address: _____ **City:** _____
 Permission for attending Doctor/Nurse to contact your Family Doctor if necessary? Yes No
Immunization Dates: Tetanus: _____ Polio: _____ Pertussis: _____
 (dd/mmm/yyyy) Diphtheria: _____ Hepatitis B: _____ Meningitis: _____
DIETARY RESTRICTIONS: Vegetarian Vegan Lactose Intolerant Gluten Free Other: _____

ALLERGIES: Be Specific, attach a separate page if necessary. If participant uses an Epipen, they must bring it on the trip. If you child has a life threatening allergy, you MUST fill out an “ANAPHLAXIS EMERGENCY PLAN FORM” in addition to this health form.

Indicate Type: Drug, Food, Environmental, Insect, Other	Allergen (please be specific)	Type & Severity of Reaction (Indicate if life-threatening)	Management / Treatment / Medication	Date of Last Reaction

ASTHMA: Does your child suffer from asthma? Yes No If yes, indicate severity? Mild Moderate Severe

What are the triggers for these attacks? _____

MEDICATIONS: Is the participant on any medication (prescription or homeopathic/naturopathic)? Yes No If yes, please list:

Medication	Amount	Frequency	Other Relevant Information

Please list any extra or relevant health information below:



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CAMPER INFORMATION: (print clearly)

Last Name: _____ First Name: _____ Middle Initial: _____
 Birthdate (yyyy/mm/dd): _____ Camper's Age on Aug 1, 2018: _____ Gender: Male Female
 Home Address: _____
 City/Town: _____ Province/State: _____ Postal Code: _____
 Home Phone: _____ Cell Phone: _____ Other: _____
 Email # 1: _____ Email # 2: _____

PARENTS/GUARDIANS & EMERGENCY CONTACTS: (print clearly)

Marital Status of Camper's Parents/Guardians:

Single Married Separated Widowed Divorced Other _____

Legal Custody (be sure to include their contact information below):

Both Parents (live together) Joint Custody (live apart) Mother Father Grandparents Guardian Foster Parents

Emergency Contact:

Please list in order who should be contacted in case of emergency – be sure to include parents/guardians

1 st Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	2 nd Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.
First & Last Name: _____	First & Last Name: _____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Address: _____	Address: _____
City: _____	City: _____
Prov & PC: _____	Prov & PC: _____

3 rd Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	4 th Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.
First & Last Name: _____	First & Last Name: _____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Address: _____	Address: _____
City: _____	City: _____
Prov & PC: _____	Prov & PC: _____