

Brae Island Regional Park Day Camps
Health History

Session: _____

Child's Name: _____

Special Needs:

Does your child ever take behavioural related medications? YES NO

Does your child have difficulties which may require some program adaptations?

Learning Disabilities Physical Disability Other _____

<p><u>Please provide details:</u></p>

Allergies (Please check all that apply):

Penicillin Insect Stings Other Drugs Certain Foods _____

Hay Fever Asthma (what triggers Asthma? _____)

Carries Epi Pen? YES NO

<p><u>Comments:</u></p>

Medications:

All medications are to be brought to camp in the original container with the name of the camper, medication, and dosage information. Are there any other health or medical concerns? Please include any details you feel is necessary. The more information you are able to provide the better we are able to meet the specific needs of your child.

<p><u>Comments:</u></p>

Authorization

I understand that Brae Island Regional Park Day Camp staff members do not dispense medication. Campers are responsible for carrying, and taking their own medication. Reminders may be given to campers but only if parents have written the instructions and given directly to counsellor. I am aware that there may be allergens at camp. To the best of my knowledge my child is in general good health. If my child becomes ill before

Parent/Guardian Signature: _____ Date: _____