

## Health Information

Medicare #: \_\_\_\_\_ Doctor: \_\_\_\_\_

Allergies/Treatment: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical/disabling conditions that may prevent full participation in camp activities?

YES NO

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

Can children's Tylenol be administered? YES NO

Date of last Tetanus injection: \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

Other information (e.g., bed-wetting, sleepwalking, fears, behaviours, etc.) of which we should be aware?  
\_\_\_\_\_  
\_\_\_\_\_

In signing this application, the parent or guardian issues to the Director and Staff of Camp Woolastook consent to the following:

- † to obtain/approve any medical attention for the camper;
- † to the camper's participation in activities on and off camp property, including hiking, camping, swimming, etc.; and
- † that the child is willing to follow the rules, policies, and discipline of the camp.

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Camper: \_\_\_\_\_

Date: \_\_\_\_\_