

EASTMAN 4-H SUMMER CAMP at Camp Manitou

HEALTH INFORMATION AND CONSENT FORM

No camper will be allowed into Camp if a completed Health Form is not received

All Health forms must be completed by a parent/guardian. Accurate and complete information is essential to ensure the health and wellbeing of all participants. Parents/Guardians will be notified by phone when there is a concern about a camper's health.

Campers should be in good health upon arriving at camp, since the programs can be physically demanding. Campers exposed to a contagious disease prior to camp should contact the camp director as soon as possible. As per Camp Manitou guidelines, Camp Manitou reserves the right to refuse admission to any camper with a suspected contagious condition (i.e. chickenpox, lice). To ensure your child has an enjoyable week and to protect other campers, please have any condition treated completely before coming to camp. For your child's protection and for the protection of other children, we recommend, but do not require, that a physician prior to camp examine your child.

However, if you have answered, "yes" within the medical condition section or ticked any Column "B" item under General Health Issues, your Health Form must be signed by your family physician.

Camper Information (Please print)

Camper Name: _____ Male Female
 First Last

Date of Birth: _____ Age: _____
 Month Day Year As of Jan 1

MB Health #: _____ MB PHIN # (optional): _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Dr's Name: _____ Phone #: (_____) _____

Emergency Contact Information (Parent/Guardian)

1. Parent/Guardian Name: _____ Relationship: _____

(home):(_____) _____ (cell): (_____) _____ (work): (_____) _____

2. Parent/Guardian Name: _____ Relationship: _____

(home):(_____) _____ (cell): (_____) _____ (work): (_____) _____

Are you planning on being away during the camp session? Yes No

If yes, please indicate dates: _____

Emergency Contact Information (Alternate)

1. Alternate Contact Name: _____ Relationship: _____

(home):(_____) _____ (cell): (_____) _____ (work): (_____) _____

2. Alternate Contact Name: _____ Relationship: _____

(home):(_____) _____ (cell): (_____) _____ (work): (_____) _____

Health History

Allergies

Antibiotics: _____

Food: _____

Insects: _____

Seasonal (ie hayfever): _____

Other: _____

Does your child carry? Epi-pen Medical Bracelet Inhaler

Has camper ever had anaphylaxis (severe or life threatening allergic reaction?)

Yes No

Describe: _____

Specific Dietary Needs:

None Gluten Free Vegan Vegetarian Vegetarian but will eat poultry

Lactose Free Other Medical Dietary Need _____

Additional Information: _____

Current Medical Conditions

Recent illness, operations or injuries (last three months): _____

Is camper currently being treated/medicated for any illness, condition or injury? Yes No

If yes, please explain: _____

Will this condition limit or affect participation in any activity? Yes No

If yes, please explain: _____

Medications - *All medication must be in original containers and clearly labeled.*

List all medication being sent with camper (including non-prescription medication)

All medication (including non-prescription medication) will be stored in the Camp Health Centre.

Exception: Inhalers, Epi-pen

Name	Dosage	Time of day	Reason	Storage

Does the camper wear glasses/contact lens? Yes No

Does the camper have dental appliances? Yes No

Does the camper require hearing devices? Yes No

All medication must be in original containers and clearly labeled.

Does the camper take any other medication that will not be sent to camp? Yes No

If yes, please explain _____

Eastman 4-H will ensure a certified first aid provider is available at all times during camp. The following over-the-counter medications may be available for dispensation on an as-needed basis to manage minor illness or injuries. Please cross out any your camper should not be given

Acetaminophen (Tylenol)	Decongestant	Calamine Lotion
Ibuprofen (Advil)	Laxatives	Aloe/Sunburn relief
Antihistamine	Antibiotic Ointments	Bismuth (Pepto-bismol)
Sore throat lozenges (ie Halls)	Antiseptic ointments	Antacid tablets (Tums)
Cough Syrup	Polysporin Drops	Hydrocortisone Cream

General Health Issues Please review the following list and check all that apply to your child

- | | | |
|--|--|--|
| <p>A</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asthma <input type="checkbox"/> Bedwetting <input type="checkbox"/> Frequent Ear Infections <input type="checkbox"/> Fainting Spells <input type="checkbox"/> Headaches <input type="checkbox"/> Hearing Difficulties <input type="checkbox"/> Homesickness <input type="checkbox"/> Frequent Lice | <p>A</p> <ul style="list-style-type: none"> <input type="checkbox"/> Frequent Nosebleeds <input type="checkbox"/> Frequent Sinusitis <input type="checkbox"/> Menstrual Concerns <input type="checkbox"/> Skin Conditions <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Sore Throat <input type="checkbox"/> Urinary Tract Infections <input type="checkbox"/> Vision Difficulties | <p>B (needs doctors signature)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Behavioral Conditions <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Diabetes <input type="checkbox"/> Eating Disorders <input type="checkbox"/> Emotional Conditions <input type="checkbox"/> Heart Conditions <input type="checkbox"/> Seizure Disorders <input type="checkbox"/> Other: _____ |
|--|--|--|

Please explain extent and treatment: _____

I, _____, a medical doctor licensed to carry on the practice of medicine hereby certify and declare that the information provided by the parent herein is accurate and correct with respect to the camper's medical condition. To the best of my knowledge I know of no reason why this child should not be able to attend Eastman 4-H Camp at Camp Manitou and participate fully in all of its activities. Any concerns that I may have with respect to the child's medical condition and/or fitness or the information contained herein is hereinafter set forth.

Doctor's concerns: _____

Physician's Signature: _____ Date: _____

Authorization

I hereby give permission to the first aid personnel to treat my child and administer the medications listed above, if deemed necessary.

Parent/Guardian Signature: _____

To the best of my knowledge, this Health Information Form is correct, all medical problems or conditions have been fully noted, and the camper herein described has permission to engage in all camp activities, except as noted.

- I acknowledge that Eastman 4-H Summer Camp Staff, Camp Manitou and its staff, and any physicians called upon to provide medical treatment to my child will be relying on the information contained herein concerning my child's medical condition.
- I understand that failure to disclose any significant medical/health issues of the camper may result in dismissal of the camper at the discretion of the Camp Director.
- I hereby agree to notify the 4-H Camp Director in writing if there is any change in the health of the camper between the time of completion of this Health Information Form and the first day of Camp.
- I hereby give permission for this health information to be shared with the appropriate camp staff and outside medical personnel as necessary.
- I hereby give permission to allow the camper's physician to release to the Camp any medical or other pertinent information about my child, either verbally or in writing, should it be required by the camp (please notify the physician that you have given authorization).
- I hereby give consent and permission for the camper to be evaluated and treated onsite by a qualified first aid provider for non-emergency medical care.
- I understand that Eastman 4-H Camp provides only first aid treatment onsite. As the parent or guardian of the participant, under circumstances as stated below, I hereby authorize the staff/volunteer in charge of the program to secure such medical advice and treatment as may be deemed necessary for the health and safety of my son/daughter or ward, and I agree to accept the financial responsibility in excess of the benefits allowed by the Provincial Health Plan:
 - Where the health and well-being of the member is involved.
 - Where medical advice has been such that further services are required - services which require the consent of the parent or guardian.
 - Where all attempts to contact the parent or guardian have failed, or where due to the nature of the emergency there is insufficient time to contact such parent or guardian, it will be at the discretion of the staff-in-charge of the program to decide what steps must be taken for the welfare and safety of the member.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____



CANADA
4-H Manitoba

Manitoba 4-H Council Inc. Photo/Video Release Form

Photo/Video Release:

At various 4-H events, we like to take photo/video images of the fun activities that happen for possible use on the 4-H website or in 4-H publications that promote 4-H. We request your permission to use photo/video images of yourself (if over 18) or son/daughter participating in 4-H events.

I hereby authorize Manitoba 4-H Council Inc. to use photo/video images of my son/daughter or myself (if over 18) with our names on the 4-H website and/or in 4-H publications which promote 4-H activities.

- Yes
 No

Signature of parent/guardian
(if member is under 18 years of age)

Signature of 4-H member if over 18 years of age

Dated this _____ day of _____ (month), _____ (year).

Member, Leader, or Volunteer Details:

Name: _____

Email Address(es): (to forward images) Print: _____

Club: _____ Area Council: _____

Privacy Policy:

Manitoba 4-H Council Inc. respects the **privacy** of our 4-H members and leaders. Your personal information is collected, used and disclosed for the purposes of keeping you informed and delivering 4-H programs, services & opportunities and for statistical or archival purposes. To learn more about the 4-H Manitoba commitment to privacy, check out the website www.4h.mb.ca

COPY RETAINED BY MANITOBA 4-H COUNCIL INC.

**Eastman 4-H Area Summer Camp
LIABILITY WAIVER & BEHAVIOR POLICY**

Participant's Name (please print): _____

Parent/Guardian's Name (please print): _____

Liability Waiver:

In consideration of the child named on this form (the participant) being allowed to participate in an Eastman 4-H camp program activity (such as crafts, sports/games, hiking, etc.) the participant and the participant's parent or guardian, hereby releases the camp staff, Eastman 4-H volunteers and its associated agents from and against all claims, actions, demands, costs and expenses relating to injury, death, damage to person or property or loss of property, howsoever caused, arising out of, or in connection with the above-named person's participation in an Eastman 4-H camp program activity. This waiver shall be binding upon the participant and the estates of the participant. I have read and understood the above Liability Waiver, and also give the above named participant permission to participate in these activities.

Date

Signature of Parent/Guardian

High Risk Activities:

In addition to regular camp games and activities, there may be opportunities to participate in other higher risk activities (such as canoeing, ziplining, swimming, archery, climbing wall, etc.). I understand that these activities will only take place under the strict supervision of a certified lifeguard, trained camp facility staff, or qualified adult 4-H volunteer, as appropriate. I hereby give my child permission to participate in such activities, and release Eastman 4-H Camp, 4-H Camp volunteers, 4-H staff and associated agents, as well as Camp Manitou and staff, and True North Youth Foundation from and against all claims, actions, demands, costs and expenses relating to injury, death, damage to person or property or loss of property, howsoever caused, arising out of, or in connection with the above-named person's participation in an Eastman 4-H camp high risk activity. This waiver shall be binding upon the participant and the estates of the participant. I have read and understood the above Liability Waiver, and also give the above-named participant permission to participate in these activities.

Date

Signature of Parent/Guardian

Member Behavior:

I understand the camp expectations (as set out in the Member Code of Conduct) and I am in agreement with the procedures that will be followed should my child require disciplinary action. This includes the possibility that my child may be dismissed from the event should their actions put persons or property at risk. Additional guidelines can be found in the letter to parents included in the parent/camper information package.

Date

Signature of Parent/Guardian