

If you checked 'allergies' or 'asthma', please describe the trigger and the course of a typical episode:

If you checked 'medications', please give the name, dose, and purpose of all medications: _____

Please describe any other medical condition or consideration not addressed above: _____

For girls and young women:

Has this person menstruated? _____ If not, has she been told about it? _____

If yes, is her menstrual history normal? _____ Special considerations: _____

In General:

Any specific recommendations or restrictions during camp? _____

Any specific diet requirements? _____

Can the camper swim? _____

Immunizations:

Has the camper received regular vaccinations according to local public health guidelines? _____

Please give the date of the camper's last Tetanus Booster: _____

Parent Authorization:

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities, except as noted. I do hereby authorize Temagami Clearwater Expeditions Limited to consent, on my behalf, to the administering of any medical care and treatment which it deems necessary to my child while in its care and control.

Signature _____ Date _____