



2008 Evans Lake Medical Information Form

Unit 2A- 1433 Rupert Street North Vancouver, BC V7J 1G1
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Office use

The purpose of the Medical Information form is to obtain information that will help us ensure that your child has a safe and pleasant experience. In the past we sometimes have had the problem that parents have not provided the information for fear that their child would not be accepted in the program. That is not the purpose of this form. If your child has some physical or emotional difficulty our staff will be able to deal with it sympathetically and with understanding, if they are aware of it in advance. Please use one form per camper.

Camper's First Name	Camper's Last Name	Sex	Date of Birth Day / month / year	Home Phone	
Registering Parent's Name		Parent's E-mail		Other Daytime Phone	Cell Phone/pager
Other Parent or Guardian's Name				Other Daytime Phone	Cell Phone/pager
Mailing Address		City	Postal Code	If possible, group with this friend of similar age.	
Emergency Contact Person	Phone	Care Card Medical Number		Doctor's Name	Doctor's Phone

My Child is subject to:		<input type="checkbox"/> additional information attached
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> DIABETES
<input type="checkbox"/> FEAR OF WATER	<input type="checkbox"/> AD(H)D	<input type="checkbox"/> BEDWETTING
<input type="checkbox"/> SLEEPWALKING		
Other health problems, physical disability, or emotional difficulty of which we should be aware:		
Allergies: (insect, drug, food, etc)		
Other dietary needs: (eg. Religious, no meat, no red meat)		
Does your child require special assistance to participate in any activities at school? (such as a one-to-one worker)		
Please list any/all medications to be taken at camp:		<input type="checkbox"/> additional information attached
Medication	Dosage	When administered
Medication	Dosage	When administered
Please indicate the date and nature of the camper's last visit to the family doctor.		Is your child up to date on immunizations?
		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure

In the event that my son/daughter is injured, ill or in need of medical attention and I am unable to be contacted, I authorize Evans Lake Forest Education Society (E.L.F.E.S.) staff to seek medical attention on my behalf.

I understand that if my child becomes ill or comes into contact with any communicable disease within the three weeks preceding camp, he/she must be examined by the family doctor to certify that he/she is fit to attend camp and is not a known carrier of a communicable disease.

I understand that if my child does not have a BC Care Card Medical Number that I must provide E.L.F.E.S. with proof of private medical insurance for the duration of the Camp session.

Signature of Parent / Guardian _____ Date _____

Privacy Policy

The Evans Lake Forest Education Society (E.L.F.E.S.) respects your family's personal privacy. The information collected on this form is in compliance with the BC Personal Information Protection Act and is used to process the camp registration, help ensure the safety and well being of campers and to provide your family with information on future events and programs at Evans Lake Outdoor Centre. If you have any questions or would like a copy of the E.L.F.E.S. Privacy Policy please contact our Privacy Officer at: privacy@evanslake.com or 604-904-2221