



CAMP FRENDA FOR THE VISUALLY IMPAIRED – BLIND CAMP 2022

MEDICAL INFORMATION FORM

This form **MUST BE COMPLETED/REVIEWED AND SIGNED BY A PHYSICIAN** each year prior to attending Blind Camp. Forms must be received by May 30, 2022 Please mail the form back to the Ontario Conference of SDA, 1110 King St. E., Oshawa, ON L1H 1H8. If you have any question please email Shantal at ssmall@adventistontario.org or call 905.571.1022 ext. 111.

Last Name		First Name		Initial	
Mailing Address					
City		Province		Postal Code	
				TSHIRT SIZE (circle one) XS S M L XL XXL XXXL	
Phone		Alternate Contact Person Name and Number			
PARTICIPANT'S HEALTH DETAILS					
M/F	Height		Weight		Birth date (MMDDYY)
					Age
Provincial Health Card#		Medical Insurance Name		Policy #	
Contact lenses: YES NO Right Left Both		Artificial Eye(s): YES NO Right Left Both		Care of contact lenses/artificial eye(s): Camper / Nurse Details:	
CNIB #		Legally Blind: Yes No		Visually Impaired: YES NO	
Date of Last Tetanus/Polio Immunization booster			Please list any dietary restrictions or allergies		
MEDICATIONS					
List ALL Medications taken at home		Dosage	Camper Care for and Administered		Nurse Cared for and Administered
					Initials
MEDICAL HISTORY					
Is there a history of:		No	Yes	If Yes, please explain	
Infectious Disease(s)					
Asthma					
Thyroid Disease					
Eating Disorder					
Ear Infections					
Previous Surgeries					
Sinusitis					
Heart Disease/Murmur					
Kidney Disease					
Frequent cold/sore throat					
Other					
Diabetes			Insulin	Pill	Diet
Epilepsy			Grand Mal	Petite Mal	Date of last seizure
FAMILY PHYSICIAN/PEDIATRICIAN (MUST BE COMPLETED)					
Physician/Pediatrician Name				Office Phone#	
Address					
I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities except as noted below.					
Physician's Signature				Date Signed (MMDDYY)	

ALLERGIES/ALLERGIC REACTIONS (CHECK ALL THAT APPLY)					
	YES	NO	SEVERE	MODERATE	MILD
Insects/Bees (if yes please circle antedote) • Benedryl • Epikit • Anakit					
Penicillin					
Other Meds					
Specific Foods (Name)					
Environmental					
Anesthetic					
Other					

PHYSICAL LIMITATIONS/RESTRICTIONS OF ACTIVITIES AT CAMP

<input type="radio"/> Swimming	<input type="radio"/> Water Skiing	<input type="radio"/> Ropes Course
<input type="radio"/> Boogie Boarding	<input type="radio"/> Sailing	<input type="radio"/> Other
<input type="radio"/> Horseback Riding	<input type="radio"/> Repelling	<input type="radio"/> Not Restrictions
<input type="radio"/> Canoeing	<input type="radio"/> Rope Climbing	Special Instructions if any _____

CONSENT FOR TREATMENT

I release the camp management and staff of the Ontario Conference of Seventh-day Adventists from all liability in case of accident, illness or death and do further indemnify and hold harmless such entities and person from such claim. In case of medical emergency, I hereby give permission to the physician or health care personnel to secure proper treatment and/or hospitalize as deemed necessary.

Name of Applicant _____ Signature _____

IN CASE OF EMERGENCY, ACCIDENT OR ILLNESS, PLEASE CONTACT

Name	Home Phone
Address	Work Phone
Vacation Address	Vacation Phone
Cell/Pager	Relationship to Camper

PLEASE NOTE

- *GUIDE DOGS: It is the responsibility of the camper/applicant to feed, exercise and clean up after their dog.
- * IMPORTANT: Camp Frenda is SMOKE-FREE. There is ZERO-tolerance policy for alcohol and illegal drug use. Firearms, weapons or explosives ARE NOT PERMITTED at camp. Sexual promiscuity is not allowed at camp.