



# Easter Seals Camps - INITIAL MEDICAL REPORT

A Medical Physician or Nurse Practitioner **MUST complete and sign** this form during appointment with the camper within **SIX (6) weeks after initial registration. Once completed, this form cannot be altered by parent/guardian in any way.**

Once this form is completed, upload it on the registration site at [www.eastersealsbcy.campbrainregistration.com](http://www.eastersealsbcy.campbrainregistration.com). Select "View My Submitted Applications" and select the drop down option to upload your medical report and a photo of your camper. If you require troubleshooting support, please email [gfinnie@eastersealsbcy.ca](mailto:gfinnie@eastersealsbcy.ca)

*Easter Seals BC/Yukon will inform parents/guardians of any incidents involving their child's/ward's stay at camp, and reserves the right to determine appropriate medical treatment if the camper becomes ill while in our care.*

**\*\*PLEASE PRINT ALL INFORMATION LEGIBLY \*\***

Camper's Name: \_\_\_\_\_

Camper's Disability: \_\_\_\_\_

Service Card # \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**MEDICATIONS** (Attach a separate sheet if space provided below is insufficient.)

**Regular/Scheduled Medications:** Please include all prescription medications/supplements

Generic Name	Dosage (mg)	Quantity (ii/mLs)	Route	Time Administered

**PRN Medications:** Please include all PRN, homeopathic, vitamins, ointments, etc. taken on a regular basis. (Only PRNs on this list can be given regularly by the Camp Health Care Team)

Generic Name	Dosage (mg)	Quantity (ii/mLs)	Route	Time Administered

What precautions or limitations to physical activity do you wish this camper to observe? \_\_\_\_\_

**SPECIAL MEDICAL CONSIDERATIONS**

In the past year has this person had, or been exposed to, a serious injury? No  Yes

If yes, please specify: \_\_\_\_\_

Please state all allergies and reactions (food, drug and/or environmental): \_\_\_\_\_

Must this camper have an epi pen or similar product on their person at all times? No  Yes

Does this person's condition present any special medical treatments or concerns during their time at camp? \_\_\_\_\_

<p>Does this person experience seizures? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>State type, frequency and duration of seizures: _____</p> <p><b>**It is BC Easter Seals Camps Policy that all campers with present concerns around seizure activity wear a Lifejacket while around/in water unless otherwise indicated by a Medical Professional**</b></p> <p>Must this child wear a lifejacket while around/in water? No <input type="checkbox"/> Yes <input type="checkbox"/> (this question only for campers with seizure activity)</p>
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Does this person presently have a concerning communicable illness or disease (including but not limited to Hepatitis, Tuberculosis, HIV)? No  Yes  Please Specify: \_\_\_\_\_

Has this person ever been exposed to a concerning communicable illness or disease that would prevent an issue for their participation at camp? No  Yes  Please Specify: \_\_\_\_\_

Medical Practitioner's Name: \_\_\_\_\_ Signature \_\_\_\_\_

(please print)

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