

FOR CAMP STAFF USE ONLY

Time of Arrival: _____
Last Medication Given (include dose/time for each medication): _____

Easter Seals Camp Medical Update 2022



The British Columbia Lions Society
For Children with Disabilities



This form must be completed no more than five (5) days before camp. It must be brought to camp with the camper and given to the Camp Nurse. If a parent/guardian cannot be contacted in the event of an emergency, the Camp Nurse

CAMPER NAME: _____ **Camp Session:** _____

To be completed by a parent/guardian:

I request the camper's activities be limited as follows: _____

Is the camper allowed to swim? Yes No Is a Life Jacket required? Yes No

Is the camper diabetic? Yes No
If yes, please attach a copy of the camper's diabetic sliding scale to this update report.

If applicable:

Date of last seizure: _____

Type of seizure: _____

I certify that the camper named above has not been ill or in contact with any communicable disease within the last three weeks. Signature of Parent/Guardian: _____

IMPORTANT: If the camper has been ill or in contact with any communicable disease within the past three weeks **OR** if there has been a change in the camper's medication since the first medical report, the area *below* **must be completed by a physician.**

CURRENT MEDICATION - Please list medications, update any previous medications, or cancel medications in the space below. Attach an additional sheet if necessary.

ADD/DELETE	GENERIC NAME	DOSAGE	TIME GIVEN

I have examined _____ and in my opinion, s/he need not be excluded from camp because of illness or likelihood of transmitting a communicable disease to others.

Name of Physician: _____ Phone: _____

Signature of Physician: _____ Date: _____