

WELLNESS FORM

1. Child Full Legal Name:

HEALTH INFORMATION

2. Doctor's Name:

Phone Number:

3. Are your child/youth immunizations up to date?
If No, please state reason.

Yes No

4. Are there any health problems or concerns that we should know about?
If yes, please provide information here:

Yes No

5. Does your child/youth have any allergies (food, medication, environmental including sun, or other, including sunscreen and bug spray)? If yes, please note:

Yes No

Allergy:

Triggers/Reaction:

Treatment:

Asthma:

Triggers/Reaction:

Treatment:

Exema:

Triggers/Reaction:

Treatment:

6. Is medication needed at camp. Yes No

7. Has your child/youth had? Please check with an X any of the following that apply:

Mumps

Bronchitis

Croup

German Measles

Chicken Pox

Seizures

Diphtheria

Whooping Cough

Pneumonia

Red Measles

Polio

Tonsillitis

Convulsions

Scarlet Fever

Frequent Colds

Ear Aches

GENERAL INFORMATION:

1. Is your child potty trained? Yes No

2. Does your child enjoy outdoor water play? Yes No

3. Does your child nap? Yes No
a. If yes, what helps them fall asleep?

4. Is there any other information that you feel is important for us to know? (behaviour, speech support needed etc...)