

Silver Lake does not require a doctor's examination for children attending camp. The information collected here is strictly confidential and will be used only for the care of the camper by the Silver Lake nurse / medic and other medical personnel as required.

Camper (preferred) Name \_\_\_\_\_

Office Use ONLY  
CABIN GROUP

Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Health Card Number \_\_\_\_\_

OR if another Medical Plan is used (please specify) \_\_\_\_\_

*(this section MUST NOT be left blank)* Card Number \_\_\_\_\_

Is the camper's **TETANUS** immunization up to date? Please circle last date given: 00 01 02 03 04 05 06 07 08 09 10

INDICATE if the camper is subject to any of the following:

- kidney trouble  tonsillitis  seizure  bed wetting  sleep walking  asthma  eating disorders  migraines  
 ear trouble  homesickness  heart trouble  ADD  ADHD  diabetes  emotional upset  stomach upset

**ALLERGIES** Please LIST any allergies (ie. medications, food, insects or environmental)

Specify reaction (eg. anaphylaxis, rash, upset stomach, etc.) severity and any treatment / medication required:

Does the camper carry an **ANA Kit**?  or an **Epipen**?  & know how to administer it him/herself? Yes  No   
 (If your camper normally carries an **ANA Kit**, **Epipen** or **asthma inhaler**, we request that 2 sets be brought to camp ~ one for the camper to carry and a back-up to be kept by the nurse/medic)

Does the camper have any **DIETARY RESTRICTIONS**? Please be specific: (NOTE: Silver Lake is not a NUT-FREE environment)

FOR FEMALE CAMPERS Has she menstruated? No  Has she been told about menstruation? Yes  No   
 Yes  If she suffers from menstrual cramps what is the usual treatment?

ALL MEDICATIONS will be collected by the nurse / medic at registration. All medications must come in their **original container**. Prescription meds **must be for the child indicated on the label** and all labels must have proper dosages detailed. Any outdated medications ,those not in their original containers or those not prescribed for the camper **WILL NOT BE ADMINISTERED** to campers while they are in the care of Silver Lake Mennonite Camp. If over-the-counter medication, please ensure that camper's name is on the container.

List current medications on reverse (newer meds may be added on day of registration).

Please give a brief description of the camper's condition. What is an expected norm for him/her? (Please give appropriate details)

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Reason prescribed \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Reason prescribed \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Reason prescribed \_\_\_\_\_

### ***Conditions and Waiver***

1. The parent(s) or guardian(s) submitting this registration is/are those having legal custody over the named camper. Signature on the registration form signifies that both parents/guardians are in agreement with the conditions of enrollment. Conditions of custody, if applicable, will be fully communicated in writing to the Camp, including a ***photocopy of the section of any court order referring to visitation rights.***
2. The Camp Director reserves the right to dismiss a camper who is in his/her opinion a hazard to the safety and rights of others, or who appears to him/her to have rejected the reasonable controls of the camp. No refund will be made for dismissal due to disciplinary action, late arrival, or early departure including homesickness. In the case of withdrawal from camp on physician's order, a gift certificate will be provided for the equivalent of the unused portion of the camp term.
3. While every precaution shall be taken to ensure the good welfare and protection of the camper, Silver Lake Mennonite Camp, its Directors, staff members, employees, or facilities outside of the camp grounds are hereby released from any liability in the event of any accident or misfortune that may occur to the applicant. Each Camper must be covered by Provincial Health Insurance or equivalent medical insurance.
4. In the event that a camper requires special medical, x-ray or treatment beyond that which is available at Camp, the signature of parents/guardians on this registration shall give the Camp Director and/or the nurse/medic the right to arrange for any special services and/or medical attention necessary for the camper's welfare and good health. In such a situation, the Camp will attempt to notify the parents/guardians as soon as possible. The parents/guardians are responsible for any additional expense that may result from such services.
5. Parents/guardians agree to permit reasonable use of photos and videos or other pictures of the applicant camper in promoting the Camp or its activities and programs.
6. I have read both sides of this registration form and I accept the conditions of enrollment as outlined above by my signature herein.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date