

Paddles in Action Medical Form

This form is to be completed by parents or guardians. As medical and contact information often changes, please fill this out **in full** and return it to the Elmira office no later than three weeks prior to your son or daughter's trip.

CAMPER'S NAME

_____ last _____ first _____ middle

ADDRESS

_____ number _____ street _____ apt

_____ city _____ province/state _____ postal/zip code

TELEPHONE _____ BIRTH DATE _____ / _____ / _____
Month Day Year

HEALTH CARD #/INSURANCE _____ COUNTRY _____

DOCTOR'S NAME _____

ADDRESS _____

_____ Telephone

PERSON TO BE CONTACTED IN THE EVENT OF AN EMERGENCY

Name _____ Relationship _____

Address _____

_____ Telephone

CONFIDENTIAL HEALTH HISTORY

CAMPER'S NAME _____

Please indicate any significant injuries or illnesses in the participant's past medical history.

Has the camper had any of the following:

Urinary Tract Infections _____ Cardiac Disease _____ Severe Headaches _____

Asthma _____ Other Respiratory Disease _____ Convulsions _____ Hepatitis _____

Please Provide Information _____

SURGICAL HISTORY

Please list any surgical procedures that have been administered to the camper in the past:

CURRENT MEDICATIONS

Does the camper take medication on a regular basis? If so, which?

Does the camper take non-prescription drugs on a regular basis? If so, which?

ALLERGIES

Foods _____ Plants _____ Penicillin _____ Insects _____ Other _____

Please provide more information _____

Please Note: If the camper has severe allergies, please send information about the reactions which have happened in the past. If anaphylaxis is considered a risk and the participant carries a syringe for adrenalin (Epipen or Anakit) we ask that three kits be brought on trip. One is to be carried by the participant, one by his or her canoeing partner and one for the trip leader.

Will you be sending an adrenalin kits (ie. Epipen or Anakit)? _____

Please provide information about dietary requirements (wheat free, vegetarian, etc.) _____

Are there any further concerns or comments? _____

IMMUNIZATIONS

All camper's are expected to have all their initial immunizations given by the age of five years.

Has the camper had all the regular childhood immunizations? _____

Please provide any information if immunizations are not up to date.

TETANUS

Tetanus is a serious life threatening illness caused by bacteria that lives in dirt and grows in deep woods.

Since our staff is not able to give tetanus immunizations while camping or on a canoe trip, it is essential that all campers have their tetanus immunizations within the last 5 years.

When was the camper's last tetanus shot? _____ (must be less than 5 years)

Note: Doctor's may inform you that a tetanus immunization is good for 10 years. However, if a person suffers a laceration or wound that is tetanus prone, guidelines state that if a tetanus shot has not been received in the last 5 years it should be administered. Since we are often canoeing to remote locales, it is important that a tetanus booster is given before we leave (if it has not already been done so in the last 5 years).

WAIVER

Some parents for various reasons may on occasion choose not to immunize their children with various vaccines that are available. Paddles in Action needs to be aware of this decision and be absolved of this responsibility.

If this situation applies to your son or daughter, please read and sign below.

I AM AWARE AND HAVE KNOWLEDGE OF THE POSSIBLE CONSEQUENCES OF NOT IMMUNIZING MY CHILD AND ABSOLVE PADDLES IN ACTION OF ANY REPERCUSSIONS OF THIS DECISION.

_____ (Signature)

_____ (Print)

_____ (Date)

Camper's Name _____

It is essential that Paddles in Action receives this medical form to provide us with general health information. It also informs us in our work to provide support and observation to your child. Simply stated, we cannot accept a camper without this completed form. Please mail it or fax it to the Paddles in Action office at 5 Brown Thrasher Court, Elmira ON, N3B 1A1. Fax#:

We also recommend that a complete physical examination is administered to your child within six months prior to arriving to camp. Please confirm with the doctor at that time that a tetanus shot has been administered within the last 5 years.

MEDICAL ATTENTION

Most Paddles in Action canoe programs take place in the Manitoulin/Sudbury Region of Ontario, specifically the western portion of Killarney Provincial Park. Nearby Espanola, Ontario has a full 24 hour emergency hospital. As well, air ambulance is available from this area of the province.

CANOE GUIDES

All Paddles in Action trip leaders are required to carry medical information and Ontario Health Card Numbers for every camper. Each Paddles in Action Guide has Bronze Cross Lifesaving Certification as well as Standard First Aid and CPR qualifications. Our Lead Guide has Wilderness First Responder Qualifications as well as his National Lifeguard Service qualification.