

Sunship Health and Permission Form

This Form must be completed by parent/guardian, not the camper, and brought to the orientation session or received at the Adventure Earth Centre by July 1. (Address and fax no. are at the bottom). **A separate form must be completed by your physician for us to administer prescription medication. A separate form must also be completed and signed by the parent/guardian for the administration of "over the counter" medications** (i.e., Tylenol, Benadryl, etc.). Forms are included in information package. All medications with the exception of puffers and anaphylaxis kits will be kept in a locked cabinet.

CHILD NAME: _____ GENDER: M _____ F _____

AGE: _____ DATE OF BIRTH: _____

DATE ATTENDING CAMP: _____

PARENT NAME(S): _____

HOME PHONE: _____ CELL: _____ BUS: _____

HOME ADDRESS(ES): _____

POSTAL CODE: _____ EMAIL: _____

CHILD'S HEALTH CARD #: _____ EXPIRY: _____

IN CASE OF EMERGENCY, IF PARENTS CAN NOT BE REACHED, PLEASE NOTIFY:

1. NAME: _____ PHONE #(S): _____
2. NAME: _____ PHONE #(S): _____

DOCTOR (Name and Address): _____
_____ PHONE: _____

DOES YOUR CHILD HAVE ANY **ALLERGIES**? Yes _____ No _____
IF YES, PLEASE SPECIFY: PLANTS, FOOD TYPES, INSECTS, DRUGS, ETC.

SYMPTOMS/SEVERITY: _____

TREATMENT: _____

IS YOUR CHILD ON ANY FORM OF **REGULAR MEDICATION**? YES _____ NO _____

IF YES, PLEASE SPECIFY WHETHER YOUR CHILD WILL NEED MEDICATION AT CAMP AND IF SO, PLEASE LIST TYPE(S) OF MEDICATION HERE **AND ATTACH SIGNED AND COMPLETED MEDICATION FORMS.** (Enclosed).

Please note that all medication must be given to designated staff member upon arrival at camp.

Prescription: _____

Non-prescription: _____

DESCRIBE ANY HEALTH CONCERNS, SYMPTOMS AND TREATMENT REQUIRED, if applicable.
(ie. Asthma, Epilepsy, Hay Fever, Rheumatic Fever, Diabetes, Bed Wetting, Insomnia, Night Walking, etc.)

PLEASE LIST ANY RECENT ILLNESSES OR INJURIES THAT MAY AFFECT CHILD'S PARTICIPATION IN CAMP:

PLEASE DESCRIBE ANY NEEDS OR CONCERNS THAT WE SHOULD BE AWARE OF TO ENSURE A SUCCESSFUL CAMP EXPERIENCE FOR YOUR CHILD.

(ie. Sight, hearing or speech impairment, physical limitations or disabilities, behavioural or social interactions, any recent or traumatic event, homesickness, etc.)

IS THERE ANY TYPE OF ACTIVITY IN WHICH YOUR CHILD SHOULD NOT PARTICIPATE?

IS YOUR CHILD ON A SPECIAL DIET? YES _____ NO _____

If yes, please describe in detail:

IS THIS YOUR CHILD'S FIRST CAMP EXPERIENCE OR TIME AWAY FROM HOME? YES _____ NO _____

HOW WOULD YOU DESCRIBE YOUR CHILD'S SWIMMING ABILITY?

HOW DID YOU HEAR ABOUT SUNSHIP EARTH? _____

IS YOUR CHILD A MEMBER OF GIRL GUIDES/BOY SCOUTS?

I hereby declare that all of the information provided is correct and accurate to the best of my knowledge. I give permission for my child to participate in the one week Sunship Earth program sponsored by the HRM Adventure Earth Centre. I recognize that photos of participants will be shared with participants for memories and for the camp publicity purposes. Names will not be identified in conjunction with the photos. I hereby recognize that although safety will be considered of utmost importance, that outdoor activity, by its nature, involves elements of risk. In the event of an emergency, I give permission for my child to receive appropriate treatment.

Signature of Parent or Guardian

Date

**PLEASE SEND OR BRING BY JULY 1 TO: Halifax Regional Adventure Earth Centre,
68 Parkhill Road, Halifax, N.S. B3P 1R6 Tel.: 902-490-4539; Fax: 902-490-4509**