



## EUREKA CAMP '11 MEDICAL QUESTIONNAIRE

### BLISTER PACKAGING OF ALL MEDICATION IS REQUIRED!

The pharmacy label will be considered to be accurate and medication will be administered according to the directions on the label. Please remind your patient's parent or guardian that blister packaging and refills of PRN meds should be done as close to camp as possible to ensure that the medication you have ordered is available and that the pharmacy labels duplicate the most current orders.

All camp programs and activities are strictly supervised, however, physical demands on campers can be high due to the rustic nature of the surroundings.

**To be completed by camper's doctor and returned to the parent/guardian concerned to be included in their Camper Application Kit.**

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Please list the campers disabilities and any other medical conditions, allergies, problems:**

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**Please list current medications, including frequency and anticipated side effects:**

Medication	Side Effect
_____	_____
_____	_____
_____	_____
_____	_____

# EUREKA CAMP '11 MEDICAL QUESTIONNAIRE (CONTINUED)

Does this patient have behavioural problems that may compromise his/her safety or the safety of other campers?

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Is this patient physically fit and medically stable enough to successfully participate in this outdoor camp?

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Are there any further comments on this patient's medical condition(s) that we should know about?

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Comments:

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Signature of Doctor

\_\_\_\_\_  
Date