



ADVENTURER MEDICAL INFORMATION AND RELEASE RECORD

Guardian and Emergency Contact Information:

In the following section, please list the guardian's name and contact information as well as an additional emergency contact person. The additional person will be notified if the guardian(s) cannot be reached.

Adventurer's Name: _____ Date of Birth ____/____/____ (dd/mm/yy)

Legal Guardian _____

Address: _____ Home Phone # (____) _____

City: _____ Province: _____ PC: _____ Daytime/Cell Phone:(____) _____

Secondary Contact _____ Relationship to Adventurer _____

Home Phone # (____) _____ Daytime/Cell Phone # (____) _____

Adventurer's Health Record and Medical Information:

The Ontario Conference of Seventh-day Adventists' is required by law to obtain the following health information before accepting a camper. **Please include a copy of immunization record with registration form.**

Adventurer's Physician _____ Office Phone # (____) _____

Health Card # _____

History:

- Sore Throats Sleepwalking
- Sinusitis Heart trouble
- Bronchitis Diabetes
- Fainting Asthma
- Stomach upset Bed-wetting
- Kidney trouble
- Special dietary
- Convulsions
- Other**

Allergies:

- Drugs Plants Animals
- Foods Bee/Insect Stings

Antidote:

- Benadryl Anakit
- Epikit Other
- Nurse administered
- Self care
- Other:**

Medications:

Is the child currently taking medication?

- No Yes

Drug Name _____

Dosage _____

Time _____

Permission to administer:

- Tylenol Plain Yes No
- Aspirin Yes No

Medical and Liability Release:

I am in favour of the aforementioned child attending camp and participating in all activities unless otherwise specified. As legal guardian I accept the conditions stated, including the release of the Ontario Conference of Seventh-day Adventists from liability in case of accident or illness. I support, and the applicant agrees to abide by all camp and Adventurer regulations and policies. In case of emergency I give permission to the nurse/adult leader selected by camp to hospitalize, secure proper treatment for, and to order injections, anaesthesia, or surgery for my child. If the child's medical information changes after initial submission please notify the Ontario Conference Youth Ministries Department and your child's Adventurer Club in writing.

Parent(s) / Guardian _____

Print Name

Print Name

Parent(s) / Guardian _____

Signature

Signature

Date: _____