



ST. MARGARET'S SCHOOL

Summer Camp 2019: Medical Information Form

Child's Name: _____ Date of Birth: _____

Family Physician: _____ Phone: _____

BC Healthcare Personal Health Number: _____

EMERGENCY CONTACT INFORMATION

Please list up to four individuals who have your permission to pick up your daughter from SMS Camps and whom you authorize SMS Camps to contact in case of emergency.

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

HEALTH INFORMATION

Please indicate if your daughter has any medical conditions our staff should be aware of:

Allergies List: _____

Requires emergency treatment? Yes No

Medication: _____

Asthma Mild Severe

Requires emergency treatment? Yes No

Medication: _____

Diabetes Requires Insulin? Yes No

Epilepsy Type: _____

Requires emergency treatment? Yes No

Requires medication? Yes No



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Heart Condition _____

Is physical activity limited? Yes No

Specific limitations: _____

Hearing _____

Wears hearing aid(s)? Yes No

Vision _____

Wears contact lenses? Yes No

Other _____

Are medications to be kept with the child for any of the medical conditions listed above?

Yes No Medication:
