



# Camp Ak-O-Mak

2010

## MEDICAL QUESTIONNAIRE

Camp Ak-O-Mak has a full-time infirmary attendant & a physician on call or on site 24 hours a day. Hospitals are 45 minutes away in Parry Sound and Huntsville.

The following medical history / health forms are for our reference as needed. All information provided on the health forms is private and confidential.

Name of Camper: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If not available in an emergency, notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **INSURANCE:**

Insurance Carrier Name: \_\_\_\_\_ Group No.: \_\_\_\_\_

Provincial Health Card No. (i.e.: OHIP) \_\_\_\_\_  
& Version Code.

Camp Ak-O-Mak carries a mandatory group accident, illness, hospital insurance policy, the cost of which is included in your tuition. It is your guarantee of prompt attention even if you already have other insurance. This policy pays 80% of medical costs, therefore the remaining 20% of the costs (including "personal" items such as splints, tensors, slings, wound/dressing materials) must be assumed by the parent/guardian or their insurance carrier. If applicable, the 20% and/or "personal item" costs (also not covered by OHIP) will be charged on the camper's refundable expense account. Medical receipts will be forwarded to you with the accounting of your daughter's expense account at the end of the camp season.

Parent/Guardian Signature: \_\_\_\_\_