



# Camp AK-O-MAK Non Profit



2023

## MEDICAL HISTORY ~ 1 OF 4

Health History: **VERY Important and MUST Be Completed**

Camper's Name: \_\_\_\_\_ Session: \_\_\_\_\_

**CURRENT MEDICATION:** YES  NONE

1.	Medication	Dosage	Frequency
2.	Medication	Dosage	Frequency
3.	Medication	Dosage	Frequency
4.	Medication	Dosage	Frequency

**Drug Allergies:** \_\_\_\_\_

### IMPORTANT:

If your child has any health conditions as listed below please check the box.

Anaphylaxis.

Not to receive certain medical treatments for Religious reasons.

**Please Explain:** \_\_\_\_\_

Please identify medication taken during the school year that the camper does not take during the summer. (if any):

**Business Office:** 14-441 Stonehenge Dr., Ancaster, Ontario, Canada L9K 0B1, T: 416.427.3171, F: 905.304.2982

**Email:** [Dianne@campakomak.com](mailto:Dianne@campakomak.com)

**Website:** [www.campakomak.com](http://www.campakomak.com)

**Summer Address:** 240 Akomak Rd, Ahmic Harbour, Ontario, Canada P0A 1A0, T: 705.387.3810, F: 705.387.0077



# Camp AK-O-MAK Non Profit



2023

## MEDICAL HISTORY ~ 2 OF 4

Health History: VERY Important and MUST Be Completed

Camper's Name: \_\_\_\_\_ Session: \_\_\_\_\_

My daughter has experienced the following in the past: (Please Circle)

- |   |     |    |
|---|-----|----|
| 1. A recent injury, illness or infectious disease                       | YES | NO |
| 2. Chronic illness / condition  | YES | NO |
| 3. Surgery / Hospitalization past 12 months                             | YES | NO |
| 4. Seizure disorder   | YES | NO |
| 5. Heart Murmur / Heart Problems  | YES | NO |
| 6. Asthma   | YES | NO |
| 7. Diabetes   | YES | NO |
| 8. Bedwetting   | YES | NO |
| 9. Frequent ear infections  | YES | NO |
| 10. Head injury / Concussion / Headaches                                | YES | NO |
| 11. Musculoskeletal problems ( spine, knees, ankles, shoulders)         | YES | NO |
| 12. Constipation/ diarrhea / digestive problem's                        | YES | NO |
| 13. Attention/Learning challenges / Emotional issues                    | YES | NO |
| 14. Skin Problems (rashes, acne, itching etc.)                          | YES | NO |
| 15. History of eating disorder  | YES | NO |
| 16. Cultural or religious reasons for not swimming during menstruation? | YES | NO |



# Camp AK-O-MAK Non Profit



2023

## MEDICAL HISTORY ~ 3 OF 4

Health History: **VERY Important and MUST Be Completed**

Camper's Name: \_\_\_\_\_ Session: \_\_\_\_\_

Please explain "Yes" answer, noting the number of the question:

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Physical restriction to Activities: Has your daughter sustained an injury that will limit her participation? (What adaptations are necessary?)

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### **DIETARY RESTRICTIONS:**

**Does NOT Eat:** (please check any that apply)

Red Meat: \_\_\_\_\_ Poultry: \_\_\_\_\_ Eggs: \_\_\_\_\_ Dairy Products: \_\_\_\_\_

Pork: \_\_\_\_\_ Fish: \_\_\_\_\_ Seafood: \_\_\_\_\_ Milk: \_\_\_\_\_

Other (please describe)  
\_\_\_\_\_  
\_\_\_\_\_

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# Camp AK-O-MAK Non Profit



2023

## MEDICAL HISTORY ~ 4 OF 4

Health History: **VERY Important and MUST Be Completed**

Camper's Name: \_\_\_\_\_ Session: \_\_\_\_\_

**Please give Year of immunization update:**

COVID Vaccinations: \_\_\_\_\_

Tetanus: \_\_\_\_\_ Flu Shot: \_\_\_\_\_

Measles / Mumps / Rubella: \_\_\_\_\_

Meningitis Vacc: \_\_\_\_\_ Varicella (Chicken Pox): \_\_\_\_\_

I confirm that \_\_\_\_\_'s immunizations are up to date unless otherwise specified above.

IN GENERAL: Any information Social, Emotional, to help us understand your daughter,

Social: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emotional: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardians:** This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the Camp to provide routine health care, COVID testing, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary, related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

\_\_\_\_\_  
Signature of Parent/Guardian      Print name of Parent/Guardian      Date:

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