





MEDICAL QUESTIONNAIRE

Camp Ak-O-Mak has an onsite Health Clinic staffed by a full time Medical Doctor who is available on call 24/7. Hospitals are 45 minutes away in Parry Sound and Huntsville. The following medical history / health forms support the health & safe care of your daughter. All information provided is private and confidential.

Name of Camper:		Age:	Session:
Date of Birth: Day M	1onth		Year
Parent/Guardian:			
Home Address:			
Home Phone:	XX 1 D1		
Cell Phone:	Cell Phone:		
If not available in an emergency, notify:			
Name:]	Relationsl	nip:
Home Phone:		e:	
INSURANCE: Ontario Residents: Health Card # & Versio	on Code: MANDATO	RY	
Number:	Version Code:		
Travel Insurance Information:			
Camp Ak-O-Mak carries a mandatory Student E coverage up to \$100,000. This medical coverage also be students in order to qualify. The cost for is \$2,00 per day. This cost is in addition to your	is for non-Canadians & o non-Canadians is \$6.00 pe	ut-of-provi r day & ou	nce campers who must t-of-province Canadians

is \$3.00 per day. This cost is in addition to your daughter's tuition and will be added to your invoice, calculated according to the length of her stay upon registering. "Personal Medical Items" (including splints, tensors, slings, wound/dressing materials etc.) and non-OHIP covered items will also be invoiced to the camper's refundable expense account. We strongly suggest all non-Canadians traveling to Camp purchase Travel Insurance for their stay in Canada.

Parent/Guardian Signature:	Date:
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