



# Camp AK-O-MAK Non Profit



2021

## 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: \_\_\_\_\_ Session: \_\_\_\_\_

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

### INSURANCE:

Ontario Residents: Health Card # & Version Code: **MANDATORY**

Number: \_\_\_\_\_ Version Code: \_\_\_\_\_

### Travel Insurance Information: \_\_\_\_\_

Camp Ak-O-Mak carries a mandatory Student Emergency Medical Insurance policy in Canada providing coverage up to \$100,000. This medical coverage is for non-Canadians & out-of-province campers who must also be students in order to qualify. The cost for non-Canadians is \$4.00 per day & out-of-province Canadians is \$2.00 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.

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



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## 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

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

\_\_\_\_\_  
\_\_\_\_\_

### 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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Drug Allergies:

\_\_\_\_\_  
\_\_\_\_\_

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# Camp AK-O-MAK Non Profit



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## 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. COVID-19 infection in the last 90 days                               | YES | NO |
| 2. A recent injury, illness or infectious disease                       | YES | NO |
| 3. Chronic illness / condition  | YES | NO |
| 4. Surgery / Hospitalization past 12 months                             | YES | NO |
| 5. Seizure disorder   | YES | NO |
| 6. Heart Murmur / Heart Problems  | YES | NO |
| 7. Asthma   | YES | NO |
| 8. Diabetes   | YES | NO |
| 9. Bedwetting   | YES | NO |
| 10. Frequent ear infections   | YES | NO |
| 11. Head injury / Concussion / Headaches                                | YES | NO |
| 12. Musculoskeletal problems ( spine, knees, ankles, shoulders)         | YES | NO |
| 13. Constipation/ diarrhea / digestive problem's                        | YES | NO |
| 14. Attention/Learning challenges / Emotional issues                    | YES | NO |
| 15. Skin Problems (rashes, acne, itching etc.)                          | YES | NO |
| 16. History of eating disorder  | YES | NO |
| 17. Cultural or religious reasons for not swimming during menstruation? | YES | NO |

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# Camp AK-O-MAK Non Profit



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## 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:

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

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

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

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# Camp AK-O-MAK Non Profit



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## MEDICAL HISTORY ~ 4 OF 4

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

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

**Please give dates of last immunization update:**

COVID Vaccination: \_\_\_\_\_

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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