

# Medical Questions for Registration

*Note that this is a guide to help you fill out your registration form and is not a replacement for the online registration.*

## General

- Height
- Weight
- Blood Pressure
- Last Medical Exam Date

## Allergies

- Does the camper have any allergies?
  - Provide description of reaction and details
  - Note: we have a dropdown list of common allergies during registration to help with this section
- Does your camper require an Epi-Pen?
  - Please provide details about your camper's anaphylaxis, including the date and description of the reaction
  - Note: If your camper requires an EpiPen, please provide two non-expired EpiPens; one for your camper to carry with them and one to keep in their cabin
- Does your camper have any dietary restrictions? (examples: gluten-free, dairy-free, etc.)
  - Please explain more
  - Note: Camp Misquah cannot accommodate ALL dietary preferences.\* If your camper is gluten free please supply additional food to assist our Kitchen Staff. If you have any questions about whether your camper's dietary restrictions can be accommodated, please contact the Camp Director ([campdirector@campmisquah.com](mailto:campdirector@campmisquah.com))

## Medications and treatments

- Will your camper be taking any medications while they're at camp? If so, please note the information for the following:
  - Medications
  - Dose
  - Frequency

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- Please explain the reason for the medication and any notes on giving this medication to your camper
- Schedule
  - Breakfast
  - Lunch
  - Snack
  - Dinner
  - Before Bed
  - As Needed
- May the following over-the-counter medications be given to your camper while at camp? Yes/No
  - Acetaminophen (Tylenol)
  - Anatacids
  - Antibiotic Cream
  - Antihistamines (Benadryl, Diphenhydramine)
  - ASA (Aspirin)
  - Calamine Lotion
  - Cortaid
  - Dimetapp
  - Ibuprofen (Advil)
  - Insect Repellent
  - Pepto-Bismol
  - Robitussin
  - Robitussin DM
  - Sting Swabs
  - Sudafed
  - Sunburn Spray (Solarcaine)
  - Sunscreen
- Will your camper require any treatments while at camp?
  - Please explain what treatment(s) must be given to your camper, including the frequency and any additional information.
- Does your camper regularly take any medications at home that will not be taken while at Camp?
  - Explain what medications your camper takes regularly, why they are taken, and why they won't be taking them at Camp.
- Is there anything that Camp needs to be aware of when giving any of the approved over-the-counter medications to your camper? (contraindications, interactions with their prescription medications, etc.)
  - Note: If any over-the-counter medications are sent to Camp with your camper, they must be in their original packaging.

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## Immunizations

- Please list the date of your camper's most recent vaccination or booster, if any, for the following:
  - TB
  - Chicken Pox (Varicella)
  - Diphtheria, Pertussis, Tetanus, Polio
  - Haemophilus Influenza B
  - Hep A
  - Hep B
  - HPV
  - IPV/OPV
  - MMR
  - PCV (Pneumococcal)
  - Meningococcal Meningitis (MCV4, MPSV4)
  - Covid-19 Dose 1
  - Covid-19 Dose 2
- If your camper has not been fully vaccinated for any of the above, please explain why.
- Has your camper had a TB Mantoux Test?
  - Date of most recent TB Mantoux Test
  - What was the result of your camper's most recent TB Mantoux Test?
  - If positive, please explain your child's positive result on the TB Mantoux Test

## Health history

Has your camper experienced, or is currently experiencing, any of the following conditions?

- ADD/ADHD
- AIDS/ARC
- Asthma/Inhaler
  - Please state if the condition is mild, moderate or severe, sports-induced, etc.
- Athlete's Foot
- Back Pain or Injury
- Bedwetting
- Behavioral Issues
- Blackouts/Fainting
- Bleeding disorder
- Cancer
- Chest pain
- Colitis
- Concussion
- Constipation/Diarrhea

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- Convulsions
- Covid-19
  - Please indicate if the camper is currently experiencing any long-term side effects of Covid-19. If none, write N/A.
- Crohn's
- Dental Braces, Caps, or Bridges
- Depression
- Developmental Delays
- Diabetes
  - Please explain required care
- Down Syndrome
- Ear Infections
- Eating Disorder
- Epilepsy
- Excessive weight gain/loss
- Fetal Alcohol Syndrome
- Frequent Colds
- Hay Fever
- Headaches
- Hearing Impairment
  - Please explain and indicate if your camper uses hearing devices
- Heart Disease
- Hernia
- High Blood Pressure
- Homesickness
- Irritable Bowel Syndrome
- Kidney Disease
- Lice
- Menstrual Difficulties
- Mental Health Issues
- Motion Sickness
- Mouth Injuries
- Neck Pain or Injury
- Nightmares/Terrors
- Pneumonia
- Problems Breathing or Coughing
- Respiratory Ailments
- Rheumatic Fever
- Seizures
- Sinus Infections
- Skin Problems
- Sleepwalking
- Sore Throats

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- Speech Impairment
- Stomach Aches
- Tonsillitis
- Ulcer
- Urinary Tract Infection
- Visual Impairment
  - Please explain and indicate if your camper uses eye glasses or contacts
- Other

Has your camper recently had or do they currently have any of the following diseases?

- Chicken Pox (Varciella)
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Measles (German)
- Measles (Red)
- Mono (past 1 year)
- Mumps
- Rheumatic Fever
- Scarlet Fever
- Whooping Cough

Has your camper had any recent operations?

- Please explain the operation(s), including date(s).

Has your camper ever been hospitalized or suffered a serious injury?

- Please explain the reason(s) for hospitalization(s) or the serious injury(ies) and the dates they occurred.

Has your camper been exposed to any communicable diseases within the last 3 months?

- Please explain what disease(s) your camper has been exposed to, and when the exposure(s) occurred.

Does your camper have any restrictions on activity?

- Please explain what activities must be restricted and list any special accommodations that should be made.

Will your camper require any special assistance while at camp?

- Please explain what assistance will be required (eg: service animal, hearing aids, etc.)

Is there anything you would like to discuss with the camp medical staff?

- Please explain what you would like to discuss with the camp medical staff.

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Please list any other medical information the camp should have about your camper.

## Health Insurance and Family Doctor Information

Provide full information for the camper's:

- Family Doctor
- Family Dentist

Please provide the following information for the camper's health insurance:

- Province of coverage
- Health card number including version code, if applicable
  - (If you do not have provincial insurance, provide your private health insurance number)
- Expiry date on health card, if applicable
- Additional insurance information, including insurance company name, group number, and name of the policy holder

## Medical waiver (to be signed during registration)

THE FOLLOWING MEDICATIONS WILL NOT BE ACCEPTED: Baggies with loose pills, Sunday-Saturday containers with pills, inhalers & epi pens without a label, any prescription medications without the pharmacy labels (your pharmacy can print you a label if you have misplaced one).

I agree to waive any claims made upon Camp Misquah Recreational Group or its staff in the event of any injury that may be sustained in connection with camp. By checking the box I give my informed consent to the First Aid personnel assigned by Camp Misquah, who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize Camp Misquah to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Camp Misquah to secure and administer any and all medical treatment deemed necessary for the camper, including hospitalization. I authorize the use of the generic, over-the-counter medications that were checked off on the medical form. I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of the camper.

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