



Summer Camp 2012 Health History Information

The Greenwood Academy
1056 Klondike Rd.,
Kanata, ON K2K1X7
(613) 591-3100
info@greenwoodsacademy.com

This form must be completed, signed, and returned to The Greenwood Academy with your Registration form.

Camper Information:

Name: _____ Birth Date: _____ Gender: M F
Health Card: _____ YYYY-MM-DD
Physician Name: _____ Physician Phone:

The Greenwood Academy highly recommends that your child undergoes a Physician's health examination before starting Summer Camp.

Allergies:

EpiPen

Insects Details _____
 Food Details _____
 Environmental Details _____
 Medication Details _____
 Other Details _____

If your child has allergies, please provide two (2) recent, passport sized photographs of your child.

Current Medications (Including those taken at home)

Prescription medicines to be administered at **camp**.

If your camper will require to take medication during the camping day a separate Medication Authorization and Administration Form, obtainable from the school's office, will need to be completed. Medications must be brought to camp in their original labeled pharmacy container and must be accompanied by the Medication Authorization and Administration Form. The Greenwood Academy is unable to administer over the counter medications without written permission from the camper's physician.

If your child has been diagnosed with any mental, behavioural, or emotional condition, please provide details in the box at left.

If your child has any limitations in any activities, please provide details in the box at left.

Please list any current medical problems, recent injuries, operations, or chronic conditions diagnosed by a physician.

Additional medical information

Print Form

Signed By: _____

Date: _____

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