

CUZZY BEAR JUNIOR GOLF CAMPS

MEDICAL FORM (Complete and return to Goderich Sunset Golf Club prior to camp start date)

Name: _____ Camp Week #: _____

Address: _____ Apt. # _____
City/Town: _____ Postal Code: _____

Date of Birth: ____ / ____ / ____ Age: ____ Sex: ____
Day / Month / Year

E-mail: _____

Parent/Guardian Name (s): _____

Phone #: Home: () _____ - _____ Work: () _____ - _____ for _____

Phone #: Work: () _____ - _____ for _____ Cell: () _____ - _____ for _____

Additional #: () _____ - _____ for _____ () _____ - _____ for _____

Doctor: _____ Phone #: () _____ - _____

MEDICAL INSURANCE INFORMATION

Ontario Health Insurance Plan (OHIP) Number: _____

AUTHORIZATION

To the best of my knowledge, the above named child is in good health and has not been exposed to any infectious disease in the past four weeks, if he/she becomes exposed to any infectious disease between now and attendance at camp, I will notify Goderich Sunset Golf Club. All medical problems or conditions requiring medical supervision or care have been fully noted. I give permission for this health information to be shared with appropriate camp staff and outside medical personnel as necessary. If in any case of medical or surgical emergency I am not immediately available for consultation, I hereby give permission to the physician selected by the camp, to hospitalize, secure proper treatment for and to order injections, anaesthesia or surgery for the above named child. This also allows permission for the camp to contact the child's family physician/specialist.

I hereby, certify that all information completed in this form is accurate and up to date. I will contact the camp, in writing, if any changes occur in the camper's health status between now and arrival at camp.

Parent/Guardian Name: _____ Signature: _____

PLEASE PRINT

Date: ____ / ____ / ____

HEALTH HISTORY

ALLERGIES (list specific allergen and describe reaction):

Drugs: _____

Foods: _____

Insect Stings/Bites: _____

Other: _____

Carries Ana-Kit: _____ Yes _____ No Expiry Date: ____ / ____ / ____

Carries Epi – Pen: _____ Yes _____ No Expiry Date: ____ / ____ / ____

RECENT ILLNESS, OPERATIONS, OR INJURIES:

Please describe: _____

DIETARY RESTRICTIONS: _____

COMMENTS/INSTRUCTIONS: _____

Please circle what size of shirt for your child to receive:

Sm / Med / Lge / XL / Men's Small