Solomon Academy iCamps Medical Information Form

The purpose of the Medical Information form is to obtain information that will help us ensure that your child has a safe and pleasant experience. In the past, we sometimes have had the problem that parents have not provided information for fear that their child would not be accepted in the program. This is not the purpose of this form. If your child has some physical, cognitive or emotional difficulty, our staff will be able to deal with it sympathetically and caringly if they are aware in advance. Please be an advocate for your child by helping our staff understand particular child needs. Please ensure that you have discussed this with your child so they know what to expect from our staff. Please use one form per child.

Camp/Program Name and No.

Child Last Name	Child First Name	Gender	Date of Birth mm/dd/yy	Home phone number	Child Cellphone

Parent Last Name	Parent First Name	Best Contact Method in an Emergency:	Other Daytime Phone	Parent Cellphone
Other Parent Last Name	Other Parent First Name	Other Parent E-mail	Other Daytime Phone	Other Cellphone

Emergency Contact Full Name (must not be a parent/guardian/must live locally)	Phone	Care card Medical Number	Doctor's Name

My Child is subject to: None □

ASTHMA *EPILEPSY* *DIABETES* *FEAR OF WATER* *AD(H)D* *BEDWETTING* *SLEEPWALKING*

Other health problems, physical disability, cognitive disability or emotional difficulty of which we should be aware: (non disclosure of a need is grounds for removal from program)

Allergies: (insect, drug, food, nuts, etc) None □

Dietary needs: (i.e. Religious, no meat, no red meat)

Does your child require special assistance to participate in any activities at school? (Such as a one-to-one worker)

Please list any / all medications to be taken at program: None □	additional information attached
Medication Dosage	When administered
Medication Dosage	When administered

Please indicate the date and nature of your childr's last visit to the family doctor.	Is your child up to date on immunizations? Yes No Unsure

In the event that my child is injured, ill or in need of medical attention, I authorize Solomon Academy staff to seek medical attention on my behalf of my child. Solomon Academy will contact me at the soonest reasonable moment.

I understand that if my child becomes ill or comes in contact with any communicable disease within the three weeks preceding program, s/he shall be examined by the family doctor to certify that s/he is fit to attend program and is not a known carrier of a communicable disease.

I understand that if my child does not have a BC Care Card Medical Number that I must provide Solomon Academy with proof of private medical insurance for the duration of the program session.

I understand that PRN (over the counter remedies such as Tylenol, Gravol, etc…) may be administered from time to time for student without parental contact. If a problem is deemed recurrent, parents/guardians will be contacted.

Signature of Parent / Guardian _____ Date _____

Privacy Policy
Solomon Academy respects your family's personal privacy. Information collected on this form is in compliance with the BC Personal Information Protection Act and is used to process program/camp registration, help ensure the safety and well being of your child and to provide your family with information on future events and programs from Solomon Academy.