WELLNESS FORM

1. Child Full Legal Name:

HEALTH INFORMATION

2. Doctor's Name: Phone Number:

3. Are your child/youth immunizations up to date? ☐ Yes ☐ No
If No, please state reason.

4. Are there any health problems or concerns that we should know about? ☐ Yes ☐ No
If yes, please provide information here:

5. Does your child/youth have any allergies (food, medication, environmental including sun, or other, including sunscreen and bugspray)? If yes, please note: ☐ Yes ☐ No

Allergy:	Triggers/Reaction:	Treatment:
Asthma:	Triggers/Reaction:	Treatment:
Exema:	Triggers/Reaction:	Treatment:

6. Is medication needed at camp. ☐ Yes ☐ No

7. Has your child/youth had? Please check with an X any of the following that apply:

☐ Mumps	☐ Bronchitis	☐ Croup	☐ German Measles
☐ Chicken Pox	☐ Seizures	☐ Diptheria	☐ Whooping Cough
☐ Pneumonia	☐ Red Measles	☐ Polio	☐ Tonsillitis
☐ Convulsions	☐ Scarlet Fever	☐ Frequent Colds	☐ Ear Aches

GENERAL INFORMATION:

1. Is your child potty trained? ☐ Yes ☐ No
2. Does your child enjoy outdoor water play? ☐ Yes ☐ No
3. Does your child nap? ☐ Yes ☐ No
   a. If yes, what helps them fall asleep?
4. Is there any other information that you feel is important for us to know? (behaviour, speech support needed etc…)

****Please note, all children must be potty trained, with the exception of our Toddlers and Early Intervention children.**