

PARKSIDE RANCH MEDICAL FORM (Session # ___)

Name _____ Birthdate _____

Recent Illnesses

(or any recent
contact with a
contagious disease -
example: Chicken pox, mono, etc.)

Allergies

Medications

(Prescription &
non-prescription)

Activity Restrictions

Dietary Restrictions

Other Conditions

(head lice, parasites, etc.)

Date of last Tetanus shot _____ (If unknown and an injury occurs, one may be given at the discretion of the attending physician.)

By signing below, I hereby give permission for medication/and or first aid treatment to be administered to my child by the designated First Aid Certified Person/and or Nurse.

Parent/Guardian Name (Please print clearly) _____

Parent/Guardian Signature _____ **Date** _____

Medical Card # _____ **Expiry Date** _____

Home Phone # _____ **Emergency Name and #** _____

Please return this form to camp as soon as possible. Thank you.

(Please remember to bring your medical card to camp)

*****PLEASE COMPLETE 2nd PAGE BELOW*****

PARKSIDE RANCH INC.
1505 Alfred Desrochers
Orford, QC J1X 6J4

NAME:

AGE:

MEDICARE NUMBER:

WEIGHT:

(Child will be weighed at camp during registration)

ALLERGIES:

I allow Parkside Ranch to administer the following medications based on my child's weight:

Yes No Acetaminophen (i.e. Tylenol) _____ mgs every four hours as needed.

Yes No Acetylsalicylic Acid (i.e. Aspirin) _____ mgs every four hours as needed.

Yes No Diphenhydramine (i.e. Benadryl) _____ mgs every four hours as needed.

Yes No Dimenhydrinate (i.e. Gravol) _____ mgs every six hours as needed.

Yes No Ibuprofen (i.e. Advil, Motrin) _____ mgs every four hours as needed.

Yes No Loratadine (i.e. Claritin) _____ mgs as needed.

Yes No Bismuth subsalicylate (i.e. Pepto Bismol) _____ mgs as needed.

Parent/Guardian's Signature

Nurse's Signature

Date