

# KPU Youth Summer Camps

## Camper Health Intake Form

This form collects important health and medical information to help KPU Youth Summer Camps provide a safe and supportive environment for your child. All information will be kept confidential and used only by authorized KPU Staff.

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### Camper Information

- Camper Full Name: \_\_\_\_\_
  - Age: \_\_\_\_\_
  - Camp Name(s) / Week(s): \_\_\_\_\_
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### Parent / Guardian Information

- Parent/Guardian Full Name: \_\_\_\_\_
  - Relationship to Camper: \_\_\_\_\_
  - Phone Number (Primary): \_\_\_\_\_
  - Phone Number (Alternate): \_\_\_\_\_
  - Email Address: \_\_\_\_\_
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### Emergency Contact (Other Than Parent/Guardian)

- Name: \_\_\_\_\_
  - Relationship to Camper: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
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### Health Care Information

- BC Care Card / Health Card Number: \_\_\_\_\_
  - Family Doctor / Clinic Name (if applicable): \_\_\_\_\_
  - Doctor / Clinic Phone Number: \_\_\_\_\_
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## Medical Conditions

Please indicate whether your child has any diagnosed medical conditions.

No known medical conditions

Yes (please specify): \_\_\_\_\_

Examples may include (but are not limited to): asthma, diabetes, epilepsy, anxiety, ADHD, or other conditions that may impact participation.

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## Allergies and Dietary Restrictions

Does your child have any allergies or dietary restrictions?

No

Yes (please specify in detail): \_\_\_\_\_

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## Medications

Is your child currently taking any medication that may need to be administered during camp hours?

No

Yes (please complete below):

- **Medication Name:** \_\_\_\_\_
- **Dosage & Instructions:** \_\_\_\_\_
- **Time(s) to be Administered:** \_\_\_\_\_
- **Reason for Medication:** \_\_\_\_\_

All medications must be provided in original, clearly labelled containers and authorized in writing by the parent/guardian.

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## Physical, Behavioural, or Emotional Considerations

Please share any information that may help KPU Staff better support your child, including learning needs, behavioural supports, sensory considerations, or emotional triggers.

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## Accessibility and Accommodations

Does your child require any accommodations or accessibility supports to participate fully in camp activities?

No

Yes (please describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Consent for Emergency Medical Treatment

In the event that I cannot be reached, I authorize KPU Youth Summer Camps Staff to seek emergency medical treatment for my child as deemed necessary.

Yes     No

\_\_\_\_\_

## Parent / Guardian Acknowledgement

I confirm that the information provided in this Health Intake Form is accurate and complete to the best of my knowledge. I understand that failure to disclose relevant health information may impact my child's safety during camp.

- **Parent/Guardian Name:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

\_\_\_\_\_