Trillium Childhood Cancer Support Centre

Adult Camper Health Record 2019

Please Print *(in effect for all programs in 2019)*

Name: ____
(*last*) (*first*) (*middle*)

Birth Date: ______________________ (*mm/dd/yyyy*)

Assigned Sex at Birth: ❑ Male ❑ Female ❑ Other: ____**Current Gender Identity**: ❑ Male ❑ Female ❑ Other: _______

Home Address: ____
(*street add.*) (*apt./unit*) (*city*) (*province*) (*postal code*)

Telephone: (_____)_________________

I am a:

❑ Parent of child **ON** treatment for cancer

❑ Parent of child **OFF** treatment for cancer since ________________ (*mm/dd/yyyy*)

❑ **Bereaved** parent since ________________ (*mm/dd/yyyy*)

Language: ❑ English ❑ French ❑ Other: _

Does this camper have any language accessibility needs? ____

Does this camper have any culturtal accessibility needs? ____

In case of emergency, please notify: ____

Relationship to you: _________________ **Home**: (____) ________________ **Cell**: (____) __________________

If you have any questions about this form, or about camp health services, please call our Nursing Manager at 1-888-999-2267 or email nursing@camptrillium.com

Camp Trillium complies with the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Personal Health Information Privacy Act (PHIPA) as it sets the ground rules for collecting personal information. Your health information will be used only for the purposes of providing screening and support to you while working/volunteering at camp and to provide health care as needed. It is treated as a confidential part of your health file at camp and in the care of the Health Care Team.

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Health Care Information		
Health Card Number:	Version Code:	Province:
Family Doctor:	Telephone:	
Other Specialist/Doctor/Health Care Provider:	Telephone:	
Other Specialist/Doctor/Health Care Provider:	Telephone:	

General Health Questions	No	Yes	If yes, please provide details
Recent illness or injury			
Chronic or recurring illness or injury			
Surgery or permanent medical devices (braces, surgical pins, etc.)			
Neurological Issues (Headaches, seizures, vertigo, VP shunt, etc.)			
Hearing or Vision Problems			
Do you have any piercings? If so, where?			
Mental health (ADHD, depression, anxiety, etc.)			
Skin Problems (Acne, eczema, psoriasis, etc.)			
Antibiotic-resistant organism (ARO) like MRSA, VRE, C-diff, EBSL			
Cardiac Issues (heart attack, COPD, hypertension, blood disorder)			
Respiratory (Asthma, shortness of breath, oxygen support, etc.)			
Endocrine (diabetes, hyper/hypoglycemia, thyroid/adrenal issues)			
Muskuloskeletal Issues (ex. bone breaks, tendonitis, ruptured/herniated disks)			
Gastrointestinal (feeding tubes, ostomy, IBS, Celiac, bowel issues)			
Mobility Issues (walker, cane, prosthetic, brace, wheelchair, etc.)			
Are you currently pregnant? If so, include approx. due date			

Childhood Illnesses:	Yes	No	Unsure	Date (*mm/dd/yy*)
Chicken Pox				
Shingles				
Measles				
Mumps				
Rubella (German Measles)				

Immunization History	Date (*mm/dd/yy*)	Date (*mm/dd//yy*)
MMR (measles, mumps, rubella)		
DTaP – IPV (diphtheria, tetanus, pertussis and polio		
Hepatitis B (HB)		
Varivax (varicella)		
Other:		

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Medication: will camper require any medication at camp? ❑ **Yes** ❑ **No** ❑ **Unsure**				
Please bring all medications usually taken, bring enough for the duration of camp, and keep them in the originally labeled container.				
Medication	**Dose**	**Times taken daily**	**Reason for Taking**	**Special Instructions**

Allergies	Yes	No	Unknown	Anaphylactic*	Please give details, past reactions and usual treatment
Seasonal					
Bee Stings					
Food					
Medication					
Other (food, latex, etc.)					
**all anaphylactic campers need to bring a prescription labeled, not expired epi-pen or similar device to camp.*					

Nutritional information: I **do not** eat the following:	**Reason/details**
❑ Red meat	
❑ Pork	
❑ Eggs	
❑ Dairy Products	
❑ I'm a vegetarian, but I will eat fish (pescetarian)	
❑ I'm a vegetarian, but I will eat chicken	

For valuable consideration, Camp Trillium allowing myself ____________________________to participate in its activities, agree to the following:

In order to enhance experiences and provide a safe environment, all persons attending Trillium programs are asked to provide certain medical and social information. This information may be shared with the Trillium Health Care Team, the counseling staff, the clinic team at the nearest POGO center, or with other personnel in the case of an emergency. Furthermore, information may be transferred and stored electronically. However, the release or transmission of any sensitive information (medical or otherwise) will be at the discretion of the Director of Nursing or his or her delegate. Furthermore, some of the biographical and/or medical information you provide may be used in program evaluation and/or research but not without the approval of the Executive Director. By signing this consent you are agreeing to the transmission and/or use of the medical/social information you have provided for the purposes described above.

I give my permission to the medical personnel of Camp Trillium or to the medical personnel selected by Camp Trillium to act on my behalf and administer the necessary medical care to me, including transportation by employees, officers or agents of Camp Trillium for medical care.

Trillium Childhood Cancer Support Centre requests personal information about campers and families, such as name, address, phone number, email, and history of illness and treatment. This information is gathered to provide service that Camp Trillium offers, to communicate with you via the newsletter and other mailings, to obtain medical and emergency care if required, to support promotional information (i.e. fundraising) and to facilitate ongoing communication. We respect and protect the privacy of our campers. We will not share your information with third parties; or divulge information to other organizations or individuals for the purpose of self or product promotion under any circumstances other than described here. Trillium will endeavor to honour any request you make to access or review the personal information collected.

We consider your provision of personal information to Camp Trillium to be your consent to your collection, use and where required disclosure of personal information as described above. In certain circumstances you may withdraw your personal information. For further information please contact our Privacy Administrator.

This health record is correct and complete as far as I know. This form shall remain in full force and effect until it is withdrawn or amended by giving notice to: Camp Trillium 940 Queensdale Ave. East, Hamilton, Ontario L8V 1N4

I agree that no notice apart from that, which is specified above, shall be considered to amend this form.

This form shall bind me, my representatives, successors and/or administrators.

Signature: ____

Printed name: ____ **Date:** ________________

Signature of Witness: ____

Printed name: ____ **Date:** ________________

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