

YMCA WANAKITA STAFF HEALTH FORM

Please complete both sides of this form and return it to Wanakita

Name _____ Date of Birth _____ / _____ / _____
Year Month Day

Home Address _____

City _____ Province _____ Postal Code _____

Home Phone (_____) _____

Health Card Number _____

If you do not have a SIN please apply now in order to have one before the summer starts.

IN CASE OF EMERGENCY, PLEASE CALL:

1. Name _____ Relationship _____

Home # (_____) _____ Business # (_____) _____

2. Name _____ Relationship _____

Home # (_____) _____ Business # (_____) _____

This form will be kept private and used by health centre professionals only.

Please complete information on both sides before returning this form to:

YMCA Wanakita
R.R. #2
Haliburton, Ontario
K0M 1S0

If you have any questions please call 705-457-2132.

Health Form – for STAFF

Name _____
 Height _____ Weight _____
 Family Physician _____
 Family Physician Phone # (_____) _____
 Health Card # (include all numbers and letters) _____

Immunizations – Have you been immunized against diphtheria, mumps, polio, red measles, rubella, and tetanus in accordance with the recommended immunization schedule in Ontario? Yes No

If no, state reasons below:

Allergies – Please list all allergies & reactions (ie. peanuts–anaphylaxis, penicillin–hives, mosquito bites–swelling)

Allergy	Reaction
_____	_____
_____	_____
_____	_____
_____	_____

Medications – Please list all medications (prescription and over the counter) and when to be administered (eg. Epi pen – if stung by bee, Benadryl – if bitten by mosquitoes, Ritalin – with breakfast and lunch, inhaler – as needed)

Medication	When to be administered
_____	_____
_____	_____
_____	_____
_____	_____

If you have any medication please make sure it is **labeled** with the **staff name**.

Health Information – Please list any medical condition with dates. (ie. Asthma–ongoing, depression–1999 to 2003, hemophilia–since birth, ADHD–diagnosed in grade 3 etc.)

Condition	Date of Onset
_____	_____
_____	_____
_____	_____
_____	_____

Dietary Information – Please list any dietary restrictions.
 (ie. Peanut allergy, lactose intolerant, vegan, vegetarian – eats fish etc.)

Recommend blood work to check for Anemia 2 months prior to camp especially if vegetarian.

Recent operations/illnesses/injuries (within the past 6 months)

List any restrictions to activities.

Special Needs

State any physical or behavioural challenges that may be useful to the Health Service Staff.

If any additional medication is purchased at camp, it will be added to your account.

To the best of my knowledge, this person is in good health and has not been exposed to any infectious diseases. If he/she became exposed to any infectious diseases between the time of being hired and the time of departure for Wanakita, I understand the Wanakita Health Staff must be notified in writing before arrival on site.

Staff Signature

If staff is under 19 Parent/Guardian Signature

Date _____