



ActiveU Medical Information Form

Camper Information:

First Name:		Last Name:	
Date of Birth:		Gender:	

What age division is your child registered in for Summer 2025?

Wolf Pups (2018/2019)

Lightning (2016/2017)

Thunder (2013/2014/2015)

What weeks is your child registered to attend camp in Summer 2025?

July 7 to 11

July 14 to 18

July 21 to 25

Aug 11 to 15

Aug 18 to 22

Aug 25 to 29

Detailed Medical Background:

Please describe any pertinent medical information or present treatments you feel we should be aware of (conditions, illnesses, recent medical procedures, rashes, etc.)

Are there any activities your camper cannot participate in?

Please describe any ways in which your child might need assistance due to the medical information provided above:



ActiveU Medication Protocol

If your child requires medications you are expected to administer them to your child at home when possible. If this cannot be done and your child must receive medications during the camp, then the following Protocol applies:

- (1) Camp staff are not medical professionals and ARE NOT AUTHORIZED to administer medications beyond the following: to place the correct dosage in your child's hand, remind them to take their medication, and encourage them to take their medication. Only the following exceptions to this rule will be permitted:
 - (a) If a camper is physically unable to take their own medication a staff person will assist but only if parents/guardians provide direction and training beforehand on how to do this.
 - (b) If a camper requires emergency medication intervention, e.g., epi-pens that they cannot administer themselves for life-threatening allergic reactions, staff will administer the medication provided that parents/guardians have first given detailed information on the circumstances in which such intervention will be required and on how to administer the medication.
- (2) The exceptions noted in (1)(a) and (b) will be allowed only if a camper's parent/guardian has provided the information and training required by this Protocol and has confirmed their consent by signing this *ActiveU Medical Information Form*
- (3) Every medication must be provided in the original container with the child's name clearly printed on the label and submitted to a staff member at drop-off each morning. The parent/guardian must pick up the medication at the end of the day.
- (4) Only prescribed essential medication is permitted on-site. Over the counter medication without prescription is not permitted at camp.
- (5) Parents/guardians must complete the chart below:

Medication Name (as appears on label)	Expiry Date (MM/YY)	Dosage	Time of Administration	Storage Requirements	Side Effects
1.					
2.					
3.					

Please indicate how any above medications should be taken (e.g with lunch/snack):

If you wish Camp staff to administer medication as per Protocol exceptions (1)(a) and/or (b), please identify the medication along with dosage, storage requirements, and side effects, and outline the process for administering the emergency medication (e.g. symptoms that indicate administration is needed, the typical reaction, and any other relevant details):

Additional Notes:

If there is any other information to share regarding your child's medical needs/medications, please share here:

Camper Photo:

I understand that upon returning this form, I will include a digital photo of my child. This photo will be attached by ActiveU staff to this form to identify children in case of medical emergencies, and will not be used by ActiveU for any other purposes.



Medical Consent:

By my signature below I confirm

- (1) The accuracy of all the information that I have provided in this *ActiveU Medical Information Form* (hereinafter the "Form") and my agreement with all the terms and conditions herein, including without limitation the Protocol;
- (2) In particular my permission to the ActiveU staff team to administer medications to my Child as prescribed by the Protocol;
- (3) My agreement that it is my responsibility to bring and pick up the medication and ensure proper labeling of the medication as per the Protocol;
- (4) My acknowledgment and agreement that, while Camp staff will take reasonable care in administering medication to my child, the staff are not medical professionals and cannot guarantee that no errors or omissions will occur in the administration and, thus, that my child will suffer no harm;
- (5) My agreement TO HOLD HARMLESS AND INDEMNIFY Lakehead University, ActiveU, and Actua, including their Boards of Governors, directors, officers, employees, students, members, agents, associates, and volunteers (hereinafter called collectively the "Indemnitees"), from and against all liability, legal actions, damages, costs, fines, and/or penalties arising in association with any injury, illness, other harm, or death that may befall my child in consequence of the administration of medication under the Protocol.

This form as been completed by:

First & Last Name:	
Relationship to the camper:	
Email:	Phone Number:
Signature:	Date: