



Medical History Authorization
Camp Limitless, Town Island, MB
July 17-21, 2019

The undersigned hereby confirms that my child has had a complete physical within the last 6 months hereof and was at that time in good health. Since the date of the last examination, there have been no medical problems that would prevent my child from participating in all Camp activities ~~except as noted above~~. To the best of my knowledge, this Camper is in good health and has not been exposed to any infectious disease in the past four weeks. If he or she becomes exposed to any infectious disease between now and the time of departure for Camp Limitless or has any change in medical health, I understand that Camp Limitless must be notified in writing. In the event that I cannot be notified in an Emergency, I hereby give permission to the Camp Medical Staff selected by the Directors, to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named above. The Directors are authorized to execute any medical consents required to give effect to the foregoing. Additionally, this shall serve as my authorization to my child's family physician or specialist who may be currently treating my child to release any medical information concerning my child's previous or current medical history or condition to the Directors and/or medical staff selected by them to treat my child pursuant to the authorization given herein. It is agreed that any disputes between Campers and/or their families and the Camp arising from any medical treatment administered shall be governed by the laws and the Courts of the Province of Manitoba. The Camp stocks common medications including many antibiotics for most medical conditions. I agree to inspect my child's scalp physically for any indication of head lice within 24 hours of his/her departure from home. Children with head lice must be fully treated at home before coming to Camp Limitless and the Camp notified in writing to ensure the treatment was successful.

***You must notify Camp Limitless if your child is exposed to an infectious disease during the three weeks prior to Camp. ***

PARENT/GUARDIAN – PRINT NAME

WITNESS – PRINT NAME

PARENT/GUARDIAN – SIGNATURE

WITNESS – SIGNATURE

DATE

DATE

