

Camp Northland - Non-Anaphylactic

SERIOUS MEDICAL CONDITION ALERT AND PROTOCOL

Camper's Name _____ Age as of June _____ Grade completing _____

MEDICAL CONDITION DESCRIPTION

This camper has a potentially **DANGEROUS**, life-threatening condition described as:

and may be aggravated by the following



AVOIDANCE

The key to preventing an emergency is

SPECIFIC PRECAUTIONS AND PARENTAL/ MEDICAL INSTRUCTION IN THE EVENT OF AN EMERGENCY

SYMPTOMS

Mouth:	
Skin:	
Throat:	
Lungs:	
Gut:	
Heart/Brain:	
Other:	
Untreated, these symptoms can lead to: _____	

EMERGENCY MEASURES:

<p>Call 911</p> <ul style="list-style-type: none"> ❖ Tell them a camper has the above noted condition and needs help at Camp Northland. We are located at 4250 Haliburton Lake Road, Haliburton, ON Radio the office and Director using the closest walkie-talkie. Send a responsible runner to the Health Centre to personally advise the medical staff of the situation.
<p>Transport child to hospital immediately even if symptoms subside, accompanied by a staff member</p> <ul style="list-style-type: none"> ❖ Send any additional medication with the camper in the ambulance
<p>A member of the Leadership Team [including medical staff] will call the parents/guardians or emergency contacts.</p>

CONTACTS

Name	Office/Day Phone	Home Phone	Mobile Phone
Parent/Guardian _____	(__) ___ - ___ ext. ____	(__) ___ - ____	(__) ___ - ____
Parent/Guardian _____	(__) ___ - ___ ext. ____	(__) ___ - ____	(__) ___ - ____
Emergency contact _____	(__) ___ - ___ ext. ____	(__) ___ - ____	(__) ___ - ____
Emergency contact _____	(__) ___ - ___ ext. ____	(__) ___ - ____	(__) ___ - ____

I agree that the camp may display my child's picture, take the Emergency Measures deemed necessary, and that this information will be shared, as necessary, with the staff of the camp and health care providers. I have provided, or will provide prior to the bus departing to camp, any necessary medication to the Camp Director.

_____ Date

_____ Parent's Signature