

# **COASTLINE CHALLENGES CAMP** **MEDICAL HISTORY & PHYSICAL EXAMINATION RECORD**

(to be completed by Physician – confidential when completed)

Please read the following material carefully before completing this medical form.

IF YOU HAVE ANY CONCERNS, PLEASE CALL THE CAMP DIRECTOR OR  
INTAKE COORDINATOR AT (250) 384-9133.

COASTLINE CHALLENGES WILDERNESS CAMP IS A YOUTH JUSTICE PROGRAM.  
WE OFFER A STRUCTURED SEQUENTIAL FORMAT AND OPERATE YEAR-ROUND  
PHYSICALLY DEMANDING WILDERNESS PROGRAMS IN ALL TYPES OF WEATHER.  
THE PROGRAMS TYPICALLY INCLUDE RUNNING, JOGGING, PUSH-UPS, QUICK DIPS  
IN OUTDOOR WATER (even in winter), CANOEING, ALL-TERRAIN HIKING, LIFTING,  
BALANCING, ROCK-CLIMBING, RAPELLING AND SWIMMING. PARTICIPANTS  
SLEEP OUTDOORS UNDER IMPROVISED SHELTERS OF THEIR OWN MAKING.  
PARTICIPANTS CARRY HEAVY PACKS AND MAY TRAVEL TO ALTITUDES  
OF UP TO 7000 FEET. A 48-HOUR SOLO EXERCISE IS INCLUDED AFTER 2 FULL  
WEEKS OF SKILL DEVELOPMENT.

Coastline Challenges will provide suitable equipment, clothing and ample meals. Special dietary requirements can usually NOT be met. Participants are expected to refrain from the use of alcohol, drugs and other stimulants or depressants during the program. A NO SMOKING policy is in effect.

Any male (13 years or over) with normal physical and mental capacity can usually expect to be capable of completing the Coastline Challenges program. Preliminary conditioning is strongly advised. The program will decline any applicant whose medical condition is not suitable for the course.

We urge that you be thorough in providing Coastline Challenges Wilderness Camp program with the information requested. Over the years, many youth who have had a variety of medical/psychological difficulties have attended and successfully completed our program, but we must be aware of these conditions for the applicant's benefit and safety. Failure to disclose such information could result in harm to the applicant or other participants.

Note: The applicant and his guardian have been requested to sign a release form regarding the following information.

**PLEASE RETURN THE COMPLETED MEDICAL FORM TO:**  
**COASTLINE CHALLENGES CAMP, 1240 Yates Street, Victoria, B.C. V8V 3N3**  
**PHONE: (250) 384-9133 FAX: (250) 384-9136**

**COASTLINE CHALLENGES CAMP --- MEDICAL HISTORY**

Name of youth: \_\_\_\_\_

Care Card # \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

**Circle or check** all that apply (or have applied) to this youth:

**Comments:**

- Hepatitis, H.I.V., Tuberculosis, other infectious condition \_\_\_\_\_
- Diabetes, Epilepsy \_\_\_\_\_
- Thyroid, liver or kidney conditions \_\_\_\_\_
- Vision impairment or requires glasses \_\_\_\_\_
- Hearing impairment \_\_\_\_\_
- Dizzy spells, fainting, convulsions, persistent headaches \_\_\_\_\_
- Motion sickness \_\_\_\_\_
- Frequent infections of throat, tonsils, sinuses, or ears \_\_\_\_\_
- Chronic cough, bronchitis, bloody sputum \_\_\_\_\_
- Asthma – allergy induced / exercise induced \_\_\_\_\_
- Chest pains on exertion \_\_\_\_\_
- Palpitation of the heart, irregular heart beat, heart murmurs \_\_\_\_\_
- Poor circulation – gets cold easily \_\_\_\_\_
- Low or high blood pressure \_\_\_\_\_
- Nausea, vomiting, food intolerances, heartburn \_\_\_\_\_
- Diarrhea or blood in the stool \_\_\_\_\_
- Hernia \_\_\_\_\_
- Urination difficulty: enuresis, burning or frequency \_\_\_\_\_
- Kidney infection or stones \_\_\_\_\_
- Pain in neck, back, shoulders, arms or legs \_\_\_\_\_
- Broken bones, joint dislocations, serious sprains, weak muscles \_\_\_\_\_
- Joint pains, swelling or stiffness without injury \_\_\_\_\_
- Injury to head, chest, internal organs \_\_\_\_\_
- Chronic skin problems – rashes, hives \_\_\_\_\_
- Fear of heights, claustrophobia, agoraphobia \_\_\_\_\_
- Dietary restrictions or food allergies \_\_\_\_\_
- Continuing use of alcohol or drugs \_\_\_\_\_
- Episodes of depression or anxiety \_\_\_\_\_
- Any other health concerns** \_\_\_\_\_

**MEDICATION**

Is youth currently on medication?    \_\_\_ YES            \_\_\_ NO

If yes, name and dosage \_\_\_\_\_

Medication brought to program must be accompanied by dosage instructions.  
Instructors will carry all medications (properly labeled with youth's name) for security reasons but participants will be responsible for administering their own dosages.

**MENTAL HEALTH & DRUG USE**

Is the applicant now under treatment of a psychologist or psychiatrist?    \_\_\_ YES            \_\_\_ NO

If yes, give his/her name \_\_\_\_\_ Phone \_\_\_\_\_

Has the applicant received psychiatric treatment in the past? \_\_\_\_\_

If yes, give details \_\_\_\_\_

\_\_\_\_\_

Has the applicant had, or does he presently have, a **drug related problem**?    \_\_\_ YES            \_\_\_ NO

If yes, give details \_\_\_\_\_

\_\_\_\_\_

**OTHER**

**Date or year of last tetanus immunization** \_\_\_\_\_            \_\_\_ Unknown

What is the applicant's current level of physical activity? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Do you feel that further examination by a specialist is indicated?    \_\_\_ YES            \_\_\_ NO

If yes, what kind of specialist? \_\_\_\_\_

**ON THE BASIS OF YOUR PAST KNOWLEDGE, THE APPLICANT'S MEDICAL HISTORY AND THE PRESENT EXAMINATION, DO YOU FEEL THIS INDIVIDUAL CAN PARTICIPATE IN THE COASTLINE CHALLENGES PROGRAM?    \_\_\_ YES            \_\_\_ NO**

\_\_\_\_\_

Name of examining physician \_\_\_\_\_

**Signature** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

## **Participant Consent Form**

### **Coastline Challenges Camp**

I, \_\_\_\_\_, have been informed of the Coastline Challenge Camp services being offered by Boys and Girls Club Services and have been provided with program information and the agency's Complaint Process Form. **I consent to the following\*:**

I agree to fully participate in the program and to follow all program rules and expectations.

I give my consent for information about me to be discussed and obtained for the purpose of participating in the Coastline Challenges program. I understand that this information is confidential and will not be shared outside of the below stated persons and/or agencies.

I hereby authorize representative(s) of the Coastline Challenges program to RELEASE/REQUEST information from 1) my parent and/or guardian, 2) my Probation Officer, 3) staff of other programs I attend within the Boys & Girls Club Services of Greater Victoria, plus the following persons/agencies.

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

I understand that information will be collected (and entered into a computer program called HOMES) for record keeping and evaluation of the Coastline Challenges Camp. Information that identifies me will not be distributed without my informed consent. Information used for research purposes will not identify me.

I understand that I can access my participant file either through a request made to Boys and Girls Club Services or through the Freedom of Information and Protection of Privacy Act.

I understand that my photograph will be taken for the purposes of identification and for safety and legal reasons such as AWOLs or Missing Persons reports.

I understand that staff are required by law to report any incidents or information they believe indicate abuse, neglect, self-harm or unlawful activity. A further exception to confidentiality includes a subpoena to court.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness (to Participant signing)

\_\_\_\_\_  
Date

\*Consent will be valid for one year.

**COASTLINE CHALLENGES CAMP  
PARENT/GUARDIAN CONSENT FORM**

Youth's name: \_\_\_\_\_

**MEDICAL CARE CARD NUMBER:** \_\_\_\_\_ **PROVINCE:** \_\_\_\_\_

CONTACT NUMBERS FOR PARENT/GUARDIAN:

NAME: \_\_\_\_\_  
HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ PAGER: \_\_\_\_\_ CEL PHONE: \_\_\_\_\_

ALTERNATE PERSON TO CONTACT, if parent/guardian cannot be reached (in case of illness or injury):

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**I have read the description** of the Coastline Challenges Camp program and I understand that it offers physically and mentally strenuous activities in remote wilderness areas.

**I also understand that:**

- \* I am free to discuss my child's participation both with the Probation Officer and program staff.
- \* Drugs, alcohol, weapons, and tobacco products are prohibited in this program.
- \* Instructors will carry all medications for security purposes.
- \* Staff will not detain nor physically restrain participants unless the safety of anyone is compromised.
- \* If a participant leaves the program prior to graduation, he must contact the camp administration office (250)384-9133 to make arrangements for the return of any clothing or personal items.

**Please check:**

Youth *cannot* swim \_\_\_ Youth *can* swim more than 50 m \_\_\_\_\_

1. I give consent for \_\_\_\_\_ (youth's name) to attend the Coastline Challenges Camp program.
2. I give permission for camp staff to facilitate any emergency and/or medical treatment, which might be necessary.
3. I give permission for Dr. \_\_\_\_\_, (phone #) \_\_\_\_\_ to release any pertinent information regarding this youth as it pertains to his attendance at the Wilderness Camp.

Parent/Guardian: \_\_\_\_\_  
Name (print) (signature) (date)