DAY CAMP HEALTH SHEET

You must return your health sheet with <u>your registration form</u>. Please fill out a form for each child.

1. GENERAL INFORMATION ABOUT THE CHILD

Child's last name :		Gender :	M ☐ F ☐
First name :		Age during summer camp :	
Address :		Birth date :	
		Health insurance N° (child):	
Postal code :			
Phone number :		Expiration date :	
Name of the treating physician :		Clinic or hospital :	
Physician phone number:			

2. RESPONDENT(S) OF THE CHILD

Name and surname of the FATHER :	Name and surname of the MOTHER:
Phone number (work) : Poste :	Phone number (work) : Poste :
Cell. or other numbers :	Cell. or other numbers :

3. IN CASE OF EMERGENCY

Person to contact in case of EMERGENCY: Father and Mother ☐ Mother ☐ Father ☐ Guardian ☐	
Two other people to contact in case of EMERGENCY:	
Name and surname :	Name and surname :
Relationship with child :	Relationship with child :
Phone number (Home) :	Phone number (Home) :
Phone number (Other) :	Phone number (Other) :

4. MEDICAL BACKGROUND

Has your child ever had surgery?		Yes ☐ No ☐	
If yes, Date : Reason :			
Serious injury		**Chronic or recurrent illnesses**	
Date :		Date :	
Describe :		Describe :	
Has he ever had any of the following diseases?		Does he suffer from any of the following?	
Varicella	Yes ☐ No ☐	Asthma	Yes ☐ No ☐
Mumps	Yes ☐ No ☐	Diabetes	Yes ☐ No ☐
Scarlet fever	Yes ☐ No ☐	Epilepsy	Yes ☐ No ☐
Measles	Yes ☐ No ☐	Migraines	Yes ☐ No ☐
Other, specify :		Other, specify :	

5. VACCINES AND ALLERGIES

Has he received the following vaccines ?		Date	Does he have allergies?	
Tetanus	Yes ☐ No ☐		Hay fever	Yes ☐ No ☐
Measles	Yes ☐ No ☐		Poison ivy	Yes ☐ No ☐
Rubella	Yes ☐ No ☐		Insect bites	Yes ☐ No ☐
Mumps	Yes ☐ No ☐		Animals*	Yes ☐ No ☐
Polio	Yes ☐ No ☐		Drugs*	Yes ☐ No ☐
DTaP	Yes ☐ No ☐		Food allergy*	Yes ☐ No ☐
Others, specify :			*Specify :	

Does your child have a dose of adrenaline(EpiPen, Ana-kit) because of his allergies ?
Yes ☐ No ☐

SIGN IF YOUR CHILD HAS A DOSE OF ADRENALINE

I hereby authorize the people designated by the Day camp/ municipality of Temiscaming to administer, in an emergency the dose of adrenaline_____ to my child.

_____
Parent's signature

6. MEDICATION

Does your child take medication ?	Yes ☐ No ☐
If yes, name of medication :	Dosage :
Does he take them himself ? Yes ☐ No ☐	Specify :

If your child needs to take medication, you will need to complete a medication authorization form upon arrival at the day camp so the caregiver can distribute the prescribed medication to your child.

7. OTHER RELEVANT INFORMATION (USE THE STATEMENTS APPLICABLE TO YOUR SITUATION)

The following questions will help us better intervene with your child.

Does your child need constant monitoring in the water?	Yes ☐ No ☐
Specify :	
Does your child have behaviour problems?	Yes ☐ No ☐
If yes, specify:	
Does your child normally eat ?	Yes ☐ No ☐
If no, specify :	
Does your child prosthises ?	Yes ☐ No ☐
If yes, specify :	
Are there any activities your child cannot participate in or only under	Yes ☐ No ☐

certain conditions?	
If yes, specify:	
Girl : Did she start menstruating ? Yes ☐	No, and she is not informed ☐ No, but she is informed ☐
Are there any special considerations about this ?	

8. OVER-THE-COUNTER MEDICATION (IF APPLICABLE)

I authorize the Day Camp staff to give my child, if needed, one or more over-the-counter medications.

Check mark medication :

☐ Acetaminophen (Tylenol, Tempra)
☐ Antiemetic (Gravol)
☐ Antihistamine (Benadryl, Reactine)
☐ Anti-inflammatory (Advil)
☐ Cough syrup
☐ Antibiotic cream (Polysporin)
☐ Other, specify : _____

Mother or father's signature : _____ Date : _____

Please note that all information regarding your child's health status will remain confidential. They will be passed on only to the facilitator and the manager to allow better supervision and more effective intervention in case of emergency.

9. PARENTS AUTHORIZATION

- Since the Temiscaming Day Camp will take pictures and / or videos during my child's summer activities, I authorize them to use this material in whole or in part for promotional purposes. All equipment used will remain the property of the City of Temiscaming Day Camp.
- If changes to my child's health condition occur before the start or during the day camp period, I agree to forward this information to the day camp management, who will make the appropriate follow-up with the child. animator of my child.
- By signing this letter, I authorize the City of Temiscaming Day Camp to provide first aid to my child. If the City of Temiscaming Day Camp Management deems it necessary, I also authorize item to transport my child by ambulance or otherwise to a hospital or community health facility.
- I agree to work with the City of Temiscaming Day Camp management and to meet with them if my child's behaviour is detrimental to the activities.

_____
Name and surname of the parent or guardian

_____ _____/_____/_____
Signature of the parent or guardian Date