

INFORMATION AND HEALTH FORM

GENERAL INFORMATION ON YOUR CHILD:

Surname :	
First name:	
SPOKEN LANGUAGES (please specify) :	
Address :	
Postal code :	
Gender :	M <input type="checkbox"/> F <input type="checkbox"/>
Date of birth:	
Age on September 30th 2026 :	
Health Card Number :	
Expiration date :	
Doctor's name :	
Doctor's phone number :	
Clinic or hospital :	

CHILDS RESPONDENTS:

Father's name :	
Telephone :	(Res.)
	(Work)
	(Cell.)
Email:	

Mother's name:	
Telephone:	(Res.)
	(Work)
	(Cell.)
Email:	
Person to call in case of EMERGENCY:	<input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
TWO OTHER persons to call in case of EMERGENCY:	NAME : Relationship to child: Phone :
	NAME : Relationship to child: Phone:

MEDICAL INFORMATION:

Chronic or recurrent disease (description) :			
Are your child's vaccines up to date (Polio, tetanus, diphtheria, rubella, mumps and measles, DcaT, other) :	Yes/No :		
	Date of your child's last vaccination:		
Does your child have allergies:	<table border="1"> <tr> <td>Yes/No :</td> <td>If yes, please specify:</td> </tr> </table>	Yes/No :	If yes, please specify:
Yes/No :	If yes, please specify:		

Does your child take any medication:	If so, please specify which one (s) and why:
	Can your child take his medication himself?

OTHER IMPORTANT INFORMATION:

Does your child have special needs that require particular attention, and if so, please explain:	
Does your child have a problem with regards to his or her motor skills and if so, please explain:	
Does your child eat normally and if not, please explain:	
Does your child wear a prosthetic device and if so, please describe:	
Did your child require additional counselling services at school during the school year (i.e. Social Worker, Special Educator, intervention plan, etc...)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Additional information about your child's health that would be pertinent to communicate to Day Camp staff:	

ADRENALINE DOSE (EPIPEN) :

Please sign if your child has an epipen:

I hereby authorise designated staff of the Municipality of Pontiac Day Camp to administer, in case of an emergency, a dose of adrenaline (EPIPEN) to my child.

Parents signature

PARENTAL AUTHORIZATION

- I authorize the Municipality of Pontiac Day Camp to take photos of my child's day camp activities throughout the Summer. The photos taken during the Day Camp activities will remain the property of the Municipality of Pontiac and will be used for promotional purposes only;
- Should there be any change in my child's health situation before or during the day camp program, I agree to inform the Municipality of Pontiac Day camp management as soon as possible;
- I hereby authorise the Municipality of Pontiac Day Camp staff to provide emergency first aid interventions to my child. If day camp management deems necessary, I also authorize the Municipality of Pontiac Day Camp staff to send my child to hospital by ambulance;
- I agree to collaborate and meet with Day Camp management should my child's behavior or conduct interfere with camp activities.

Name of parent

Signature

Date