CAMP MÈRE CLARAC
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HEALTH RECORD

Desired session:

Last name: First name:

Sex: Age: Birth date (dd-mm-aaaa):

Medic care card number: Expiration (mm-aa):

Address: apt: City: Province: Postal code:

Person in charge of the child: Person in charge email:

Home telephone: Work telephone: Ext.: Cellular:

Mother's first and last name: Father's first and last name:

Guardian's first and last name:

Name of the child's doctor: Phone number:

Name of persons (2) to notify in case of emergency:

1. Name, first name : Relation to family:

Home phone: Work phone: Ext.: Cellular:

2. Name, first name : Relation to family:

Home phone: Work phone: Ext.: Cellular:

Details concerning child's health:

Surgerie(s):

Serious sickness(es):

Chronical sickness(es):

Serious wound(when and describe):

Does your child wear particular prostheses?

If so, specify and describe them:

Vaccination (inscrivez la date du vaccin sous la forme aa-mm-jj)

Measles:		DCT 1:		Polio 1:	
Rubeola:		DCT 2:		Polio 2:	
Mumps:		DCT 3:		Polio 3:	
Other:		DCT 4:		Polio 4:	
Other:		DCT 5:		Polio 5:	

Has your child suffered from any of the following illnesses?

	Measles		Mumps		Fifth disease
	Rubeola		Chicken pox		Whooping-cough

Meningitis

Describe:

Hepatitis

Describe:

Feverish convulsion

Describe:

Important: Please inform the camp authorities if your child has been exposed to any contagious disease 3 weeks prior to his stay at the camp.

Important: Your child must bring along his medicine to camp.

Is your child suffering from:	Does he take medication? Describe	Dosage
☐ Asthma		
☐ Epilepsy		
☐ Bronkitis		
☐ Otitis		
☐ Diabetes		
☐ Eczema		
Other:		

Is your child suffering from:

☐ Bed-wetting: Describe:

☐ Motion sickness: Describe:

☐ Sleep walking: Describe:

☐ Heart disease or malformation: Describe:

☐ Skin disease: Describe:

☐ Hearing problem: Describe:

☐ Sight problem: Describe:

☐ Blood disorder: Describe:

☐ Is your child allergic? (medication, animals, seasonnal, food, etc.)

Indicate the allergy and describe the reactions:

N.B. If your child has already had a severe rash reaction or swelling of the face, with or without difficulty in breathing, in the presence of an animal, of a food, of an insect or other, we oblige your child to bring an EPIPEN for his stay at camp and he must know how to use it.

If such is the case, who is authorized to keep and administer the medicine and to what dosage?

☐ Child himself ☐ Child's counselor ☐ Adult responsible Dosage:

<u>To sign if your child has a dose of adrenaline (EPIPEN):</u>

I hereby authorize the persons designated by the camp to administer, according to the need in case of emergency, the dose of adrenaline (EPIPEN):

☐ yes **Signature:**

By entering my name into the corresponding box above, I understand that this gesture is equivalent to affix my handwritten signature

To sign if you authorized the persons designated by the camp to administer, if needed, the following medication to your child.

☐ Tylénol (acétaminophène) ☐ Gravol (Dimenhydrinate)

☐ Bénadryl (Diphenhydramine) ☐ Polysporin (Antibiotic ointment)

Signature:

By entering my name into the corresponding box above, I understand that this gesture is equivalent to affix my handwritten signature

AUTHORIZATION TO ADMINISTER MEDICINE

Please take note that while at camp, if your child must take some kind of **medication** (prescription, over the counter medicine, ointment, homeopathic or others), there will be a form to fill out before handing in the medication to the person responsible for the chalet.

It is important to hand in the medication in its original container clearly identified with the name of the child. On the label, should also be the name of the doctor, the name of the medicine, the expiry date, the dosage and the length of the treatment.

The distribution of a medication does not permit staff members to diagnose, make observations or write any report.

AUTHORIZATION OF PARENTS

By signing below, I authorize the camp management to administer all health care necessary. Should the camp management judge necessarary, I also authorize to transport my child by ambulance or otherwise, to a hospital or a care centre. Furthermore, should it not be possible to reach us, I authorize the doctor chosen by the camp management to administer to my child, all health care required by his or her condition, including surgery, injections, anesthesia and hospitalization.

Signature:

By entering my name into the corresponding box above, I understand that this gesture is equivalent to affix my handwritten signature

ATTENTION: Please take note the hair of the children is verified at the beginning of every stay to make certain no camper has lice. Should there be the case, the parent will have to retrieve the child the same day of his arrival. No treatment will be given to the children by the camp staff. To avoid any inconvinience, it is recommended to make sure your child has no lice before leaving him. Understand that this is for the good of all campers.

N.B. The stay can be postponed to a later date when the child will have received the required treatment with proven satisfactory results.

Signature:

Send by email

By entering my name into the corresponding box above, I understand that this gesture is equivalent to affix my handwritten signature

Print the form