

**PARTICIPANT MEDICAL INFORMATION**  
**TOWN OF STANSTEAD DAY CAMP 2021**  
**HEALTH SHEET**



**\*Please complete one sheet per participant**

**1. GENERAL INFORMATION (CHILD)**

Last name:		Sex:	M <input type="checkbox"/> F <input type="checkbox"/>
First name:		Age (as of July 1):	
Address:		Date of birth:	
		Health insurance card # :	
Postal code:			
Telephone:		Expiration date:	

**2. PARENTAL INFORMATION**

Father's full name:	Mother's full name:
Telephone (work):	Telephone (work):
Extension:	Extension:
Cell phone or other #:	Cell phone or other #:
Full name of guardian (if the case):	Telephone (work):
	Extension:
	Cell phone or other #:

### 3. IN CASE OF EMERGENCY

EMERGENCY contact person: Father & Mother <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other* <input type="checkbox"/> *please indicate the relationship to child	
Two other individuals to contact in case of emergency:	
Full name:	Full name:
Relationship to child:	Relationship to child:
Telephone (home) :	Telephone (home) :
Telephone (other) :	Telephone (other) :

### 4. MEDICAL HISTORY

Serious injuries		Chronic or recurring illness	
Dates:		Dates:	
Details:		Details:	
Does your child suffer from the following?			
Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Migraines	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other medical conditions or diagnosis received:			

PARTICIPANT MEDICAL INFORMATION

**5. ALLERGIES**

Does your child have allergies?	
Hay fever	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insect bites	Yes <input type="checkbox"/> No <input type="checkbox"/>
Intolerances	Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:
Animals	Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:
Medication	Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:
Food allergies	Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:

<p>Does your child possess a self-injection system (EpiPen) for his/her allergies?</p> <p>Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>TO SIGN IF YOUR CHILD POSSESSES A SELF-INJECTION SYSTEM</b></p> <p>I, the undersigned, _____, hereby authorize individuals designated by the Town of Stanstead day camp to administer, in the case of an emergency, the adrenaline dose to my child.</p> <p>_____</p> <p>Signature of parent or guardian</p> <p>*Please inform day camp workers of where to find the self-injection system</p>
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**6. MEDICATION**

Does your child take medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please list medications:	Dosage & frequency:

Does your child need to take medication during camp hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can your child take them alone? Yes <input type="checkbox"/> No <input type="checkbox"/>	Explain:

## 7. OTHER IMPORTANT INFORMATION

Does your child need a life jacket or floatation device in the water? *The lifeguard reserves the right to require a life jacket at all times	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain:	
Does your child have any behavioural issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:	
Are there any activities that your child may or not participate? Or other conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:	

## 9. PARENTAL AUTHORIZATION

I authorize the Town of Stanstead to take photos of my child. I accept  I refuse

I authorize the Town of Stanstead to publish photos of my child. I accept  I refuse

If any changes occur in the health of my child before the beginning of or during the period of day camp, I commit to transfer this information to the camp coordinator. I accept

I commit to collaborate with the Town of Stanstead day camp coordination and meet with the coordinator if my child does not cooperate with the smooth operation of day camp activities. I accept

In case of emergency, I authorize the camp management to provide all necessary first aid care. If the team judges necessary, I authorize my child to be transported by ambulance to a hospital.

I accept  I refuse

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Full name of parent or guardian

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Signature of parent or guardian

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Date



**Stanstead**



**CAMP DE JOUR - DAY CAMP**

**WWW.STANSTEAD.CA**