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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **"Registration – Authorization Form**  **Summer Camp / Day Camp"** | | | | | | | | | | | | | | | | | | | |
| **Information ABOUT THE CHILD** | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | Surname: | | | |  | | | | | | |
| Address: | |  | | | | | | | City: | | | |  | | | | | | |
| Province: | |  | | | | | | | Postal Code: | | | |  | | | | | | |
| Age: | |  | | | | | | | Birthdate: | | | |  | | |  | | |  |
| **YYYY** | | | **MM** | | | **DD** |
| Gender: | |  | | Girl | |  | Boy | | Health Insurance No.: | | | |  | | | | | | |
| Expiration date: | | | |  | | | | | | |
| **CHILD’S SPONSOR** | | | | | | | | | | | | | | | | | | | |
| Mother’s name and surname: | |  | | | | | | | Father’s name and surname: | | | |  | | | | | | |
| Telephone (work): | |  | | | | | | | Telephone (work): | | | |  | | | | | | |
| Cellular: | |  | | | | | | | Cellular: | | | |  | | | | | | |
| E-mail: | |  | | | | | | | E-mail: | | | |  | | | | | | |
| **allergies** | | | | | | | | | | | | | | | | | | | |
| Please indicate all allergies: (i.e.: food, seasonal, medication, etc…) | | | | | | | | | | | | | | | | | | | |
| Allergy | | Reaction | | | | | | | Treatment | | | Auto-injector  (EpiPen) required | | | | | | | |
|  | |  | | | | | | |  | | |  | | | | | | | |
| **Yes / No** | | | | | | | |
|  | |  | | | | | | |  | | |  | | | | | | | |
| **Yes / No** | | | | | | | |
|  | |  | | | | | | |  | | |  | | | | | | | |
| **Yes / No** | | | | | | | |
| **\*\*\*\* If your child has an adrenalin shot, please sign the following consent \*\*\*\*** | | | | | | | | | | | | | | | | | | | |
| I hereby authorize the persons designated by \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to administer, in case of emergency, an adrenalin shot to my child. | | | | | | | | | | | | | | | | | | | |
| Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| **MEDICAL INFORMATION** | | | | | | | | | | | | | | | | | | | |
| Does your child take medication: | | | | | | | | | | |  | | | | | | | | |
| If yes: | | | | | | | | | | | | | | | | | | | |
| 1. Provide us with a list of medications and dosages | | | | | | | | | | | | | | | | | | | |
| 1. Does your child take their medication themselves? | | | | | | | | | | | |  | | | | |  | | |
| **Yes** | | | | | **No** | | |
| **MEDICAL INFORMATION (CONTD.)** | | | | | | | | | | | | | | | | | | | |
| **Does your child have health problems?** | | | | | | | | | | | | | | | | | | | |
|  | Epilepsy | |  | | Hemophilia | | |  | | Incontinence | |  | | | Vision problems | | | | |
|  | Hyperactivity | |  | | Attention deficit | | |  | | Diabetes | |  | | | Speech problems | | | | |
|  | Asthma | |  | | Hearing problems | | |  | | Cardiac problems | |  | | | Mental health | | | | |
| Are there other factors relevant to physical or emotional health that you want us to know about? | | | | | | | | | | | | | | | | | | | |
| **\*\*\*\* Authorization to share health information \*\*\*\*** | | | | | | | | | | | | | | | | | | | |
| I authorize, for security reasons, the organizers of the camp: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to share with all the personnel of my child’s group the information contained in their health file. In case of emergency (accident or sudden illness), I authorize them to take the necessary steps to administer first aid and to arrange for my child to be transported to the place of treatment, if necessary. Transportation to a medical centre is at the parent’s expense.  Yes  No  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| **SWIMMING (IF applicable)** | | | | | | | | | | | | | | | | | | | |
| Has your child’s swimming ability been evaluated by a lifeguard? | | | | | | | | | | | | | |  | | | |  | |
| **Yes** | | | | **No** | |
| Has your child had swimming lessons? | | | | | | | | | | | | | |  | | | |  | |
| **Yes** | | | | **No** | |
| If so, what is the last level they completed? | | | | | | | | | | | | | |  | | | | | |
| Does your child need a life jacket to swim? | | | | | | | | | | | | | |  | | | |  | |
| **Yes** | | | | **No** | |
| **\*\*\*Please note that your child might have to take a test to evaluate their swimming ability\*\*\*** | | | | | | | | | | | | | | | | | | | |
| **\*\*\*\* Parents’ authorization for their children to swim \*\*\*\*** | | | | | | | | | | | | | | | | | | | |
| I hereby authorize my above-mentioned child to participate in swimming activities. If my child needs a life jacket, I agree to provide them with one that is in conformity with water safety regulations. | | | | | | | | | | | | | | | | | | | |
| Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| **CAMP’S ACtivitIEs** | | | |
| Here is a list of activities that will take place during your child’s stay, please advise us if you do not want your child to participate in any one of them. | | | |
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| **\*\*\*\* Parent’s authorization for the activities \*\*\*\*** | | | |
| I hereby authorize my above-mentioned child to participate in the above-mentioned activities. | | | |
| Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **ADDITIONAL information** | | | |
| If there is any additional information you would like to share with us: | | | |
|  | | | |