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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:       |
|  |