

CANADIAN PARENTS FOR FRENCH- PEI PERSONAL HEALTH FORM

The information on this form will be used at the discretion of the Camp Director to ensure care and attention is given to the health of the participant. All information on this form is considered personal and confidential.

Name		Date of Birth
Address		
City	Province	
Camp	Postal Code	Phone (h) (w)
In case of emergency contact:		Telephone
Provincial Health Insurance #	Other Hospital Insurance #	
Family Doctor		Telephone
The camp activities may include swimming, hiking, pitching tents, etc. Does the applicant suffer from any physical or emotional disorder that would prevent them from participating fully in this program? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please state particulars:		
Red Cross Kids Swimming Level (refer to information sheet) level 1 <input type="checkbox"/> level 2 <input type="checkbox"/> Kids level 3 <input type="checkbox"/> level 4 <input type="checkbox"/> level 5 <input type="checkbox"/> level 6 <input type="checkbox"/> level 7 <input type="checkbox"/> level 8 <input type="checkbox"/> level 9 <input type="checkbox"/> level 10 <input type="checkbox"/>		
Do you have any special instructions for the staff regarding the applicant's health care and/or diet? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what?		
Does the applicant have allergic reactions to such things as drugs, food, insect stings etc.? <input type="checkbox"/> Yes <input type="checkbox"/> no If yes, what? _____		
Please give details of usual treatment should condition indicated occur:		
Chronic conditions or recent illness of which the staff should be aware of:		
Please list any medication which the applicant is bringing with him/her. This must be clearly labelled and given to the camp coordinator on arrival at camp.		
Are inoculations up to date <input type="checkbox"/> yes <input type="checkbox"/> no Are corrective lenses required <input type="checkbox"/> yes <input type="checkbox"/> no Contact lenses <input type="checkbox"/> yes <input type="checkbox"/> no		
Other comments:		
EVERY CARE AND ATTENTION WILL BE GIVEN TO THE HEALTH AND COMFORT OF THE PARTICIPANTS		
I hereby authorize the Camp Coordinator\leader in charge to secure such medical advice and services as may be deemed necessary for the health and safety of my child (ward). I agree to accept financial responsibility in excess of the benefits allowed by the Provincial Health and Canadian Parents for French Insurance Plan.		
Signature :		Date: