

CENTRE NAUTIQUE DE L'ISTORLET CAMP MEDICAL FORM

Return to: Canadian Parents for French - PE, PO Box 2785, Charlottetown, PE, C1A 8C4 *ASAP*

Date of camp: _____ Gender: F M

Last name: _____ First name: _____

Health Insurance Number: _____ Expiry Date: _____

Date of birth: Day _____ Month _____ Year _____

Name of mother: _____ Tel (h) _____ (w) _____

Name of father: _____ Tel (h) _____ (w) _____

Name two members of the family in case we are unable to reach the child's parents.

Name: _____ Tel (home): _____ Tel (work) _____

Name: _____ Tel (home): _____ Tel (work) _____

Does your child suffer from?

Asthma _____ Sensitive skin _____ Eyesight problems _____

Epilepsy _____ Diabetes _____ Incontinence _____ HIV _____

Allergies: _____ Name of allergy: _____

Date of the last tetanus vaccine: _____

Date of the last measles vaccine: _____

Does your child take any medication: _____

If yes, explain: _____

Other information: _____

If your child is not allergic to TYLENOL do you authorize the head monitor or the Centre Nautique director to give a TYLENOL TABLET to your child should he/she have a temperature or headache. Yes No

Important:

By signing this medical record, I authorize the doctor, nurse and authorized personnel of the camp to administer first aid when necessary. In the event that the camp personnel is unable to reach a member of the family, I authorize an emergency surgical intervention, should the need arise.

Signature of parent or guardian

Date