



Medical Form

Name: _____
Last Name: _____

Emergency contact:

1.-
Name and last name: _____
Phone: _____
Relationship with the student: _____

2.-
Name and last name: _____
Phone: _____
Relationship with the student: _____

-Indicate if your child suffers of any of the following diseases, or particularities, and specify.

- Asthma: _____
- Epilepsy: _____
- Cardiac diseases: _____
- Diabetes: _____
- Auditory problems: _____
- Visual problems: _____
- Intellectual problems: _____
- Physical problems: _____
- Others: _____

Allergies and intolerances:

Foods: _____

Others: _____

Type of reaction: _____

Does your child have a deadly allergy?

Yes No If yes, specify: _____

If he does, does he needs an epipen that he carries with him?

Yes No

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Does your child take medications?

Yes No

Specify: _____

Does your child wear glasses or contact lenses?

Yes No

Does your child have problems of behavior?

Yes No

Specify the principal features of personality of your child:

Does your child know how to swim?

Yes No

Does he need to wear floats protections?

Yes No

Does he need to wear stoppers for ears?

Yes No

Does your child prefer not doing some activities?

Yes No

Specify: _____

Other elements that you would like us to know about your child:

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Paternal authorization

1.- I recognize to have knowledge of the inscription modality of the center and compromise to respect it. I recognize to have knowledge of the refund politics.

2.- I authorize to the personnel of the centers to provide all the necessary cares needed from my child. I authorize his transportation in ambulance or otherwise, if this is necessary for his condition or state, to a hospitable center. If it is impossible to contact with the parents or the persons to contact in case of emergency, I authorize the doctor chosen by the centers to realize all the considered necessary interventions according to his condition or state, obtaining the purchases of prescription at the expense of the parents.

3.- I authorize the administration, in case of need, of the dose of adrenaline foreseen by a prescription.

4.- I authorize the person in charge designated by every center to give the following medicines without prescription, according to the needs of my child:

- Acétaminosphène (Tylenol)
- Ibuprofène (Advil)
- Calamine
- Anti-Histaminique (Bénadryl)
- Anti-Émitique (Gravol)
- Antibiotique en crème (Polysporin) / Antibiotic in cream

5.- I authorize to the direction of the centers and to the Association of Québec's Camps to use photos and/or videos of my child as promotional or advertising use. The whole used material will stay as property of the centers.

Signature of the Parents

Date

Signature of the child

Date

Edu-inter
