



PARTICIPANT/PLAYER MEDICAL FORM

Summer Day Camp 2020 ASMV

MANDATORY: To bring signed and dated on the first day

Information about the participant/player for the Summer Camp

Name: _____

Family name: _____

Address: _____

Phone: _____

Email: _____

Email: _____

Birth Date: _____

Weight: _____

Height: _____

Health Insurance number: _____

Expiration date: _____

Emergency contact persons

1. Last Name: _____ name: _____

Relationship with the child: _____

Cellphone: _____ Home phone: _____

Courriel: _____

Address: _____

2. Last Name: _____ name: _____

Relationship with the child: _____

Cellphone: _____ Home phone: _____

Courriel: _____

Address: _____

Medical profile

Does he/she suffer from:

Asthma	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Diabetes	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Épilepsy	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Fainting	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Cardica Problem	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Consussion	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Other (specify):

Is he/she allergic to:

Peanuts and Nuts	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Aspirin, pencillin	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Thumb herb	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Insect bite	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Dairy products	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Eggs	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Other (specify):

Does your child take medication?:

If yes, name of drugs*:

YES

NO

Dosage: _____

****Club instructors are not allowed to administer medication to children. Please ensure that your child is autonomus at this level.***

Emergency Treatment

By signing this:

1. I authorize in case of accident or illness, in my absence, the instructors of the day camp team to provide the child's first aid, to transport him by ambulance, to take the necessary steps to consult a professional of health or to hospitalize if necessary.
2. I pledge to defray all the costs related to health care not covered by the RAMQ that could result from the steps mentioned above.
3. I pledge to work with the instructors and to meet them if the behavior or medical conditions of the child interfere with the smooth running of the activities.
4. I undertake to advise the technical direction of any changes to the above information.

Please note that all information regarding the child's health status will remain confidential. They will be passed on only to the instructors and the technical director of the Club to allow better supervision and a more effective intervention in case of emergency.

Signed on _____ 2020 _____ in Verdun

Signature of parent or guardian: _____

Last name and name of parent or guardian: _____