

HEALTH FORM



Please initial the bottom right-hand corner of each page, and sign the “Parental Authorization” section of the last page. Please attach a current picture of your child.

Camper Information

Name _____
First *Last*

Preferred name (if different)

Address _____ City _____ Province _____

Postal Code _____ Age _____ Birth date _____ (y/m/d) Gender _____

Parent or Guardian Information

Parent/guardian #1

Name _____
First *Last*

Home Phone _____ - _____ - _____ Email _____

Cellular Phone _____ - _____ - _____ Business Phone _____ - _____ - _____

Parent/guardian #2 (if applicable)

Name _____
First *Last*

Home Phone _____ - _____ - _____ Email _____

Emergency Contact

If the parent/guardian is unavailable in an emergency please notify:

Name _____
First *Last*

Relation to camper _____ Home Phone _____ - _____ - _____

Cellular Phone _____ - _____ - _____

Parent/Guardian Initial: _____

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Authorization of Release

I _____ hereby authorize the following people, in addition to the parent/guardian and emergency contact mentioned above, to pick up my child at Planète Française Day Camp. *If your child is ten years of age or older and allowed to arrive/depart by themselves please skip this and see bold text below.*

1. Name _____ Relation to camp _____
2. Name _____ Relation to camp _____
3. Name _____ Relation to camp _____
4. Name _____ Relation to camp _____

If there are any changes in these arrangements, I will give advanced written notice.

Please list any special instructions or any persons who are never to be authorized to pick up your child:

Signature: _____ Date: _____

Children arriving and departing alone must be ten years of age or older. The following statement must be signed by a parent or guardian.

I here by authorize my child to arrive and depart Planète Française Day Camp on his/her own accord. Planète Française shall have no responsibility for the children during the commute to and from Planète Française.

Signature: _____

Parent/Guardian Initial: _____

HEALTH FORM



Health History

1. Are your child's immunization and booster shots up-to-date with school and provincial health standards?
 Yes No

Prior to camp commencement, please ensure your child's shots are up-to-date.

2. Does your child have any allergies? Yes No

If yes, please provide details, including typical reaction if exposed to the allergen:

- a. Does your child carry medication for their allergies? Yes No

Should your child take this medication during camp time if exposed to an allergen indicated above? Yes No

If yes, please provide details, including, dosage and timing:

Please note that all prescribed medication MUST be in the original container and properly labeled. On the first day of camp, please discuss your child's medication needs with his/her counsellors AND the camp coordinator.

- b. Does your child carry an EpiPen for their allergies? Yes No

If YES, do they know how to use it? Yes No

Where will the EpiPen be stored while your child is at camp?

Important: On the first day of camp, please show the counsellors AND camp coordinator the exact location of the EpiPen in your child's belongings, and ensure it is safe and easily accessible every day.

5. Does your child have any of the following medical conditions? Please circle and provide further information.

Diabetes Ear Infections Chronic nosebleeds Asthma Epilepsy ADD/ADHD Behaviour Disorders
Autism/Aspergers NOTE: We are not equipped or have sufficient training with special needs at this time.

Additional details:

- a. Does your child need to take medication for this condition during camp time? Yes No

If yes, please provide details, including timing and dosage of medication:

Please note that all prescribed medication MUST be in the original container and properly labeled. On the first day of camp, please discuss your child's medication routine with his/her counsellors AND the camp coordinator.

Parent/Guardian Initial: _____

HEALTH FORM



6. Please give details of any other health conditions, including a history of illnesses or accidents, current disabilities, or any behavioural condition, that may affect your child while at camp. Please include any general information we should know about your child:

7. Campers may spend some time during certain camp outings visiting a public garden. The garden is grown naturally, without pesticides or chemical fertilizers. Do you give your child permission to taste some of the produce grown in the garden? Yes No

We will be offering healthy snacks including fresh seasonal fruit and vegetable which will be washed and sliced with disinfected hands and knife. We will also be offering other health snacks such as crackers, cheese, rice crispy squares and fruit Popsicles (during special party days). Please advise your child of choking hazards - to eat food pieces carefully and while resting.

Notes (dietary restrictions such as Kosher, Halal, vegetarian): _____

8. It is mandatory that all parents send a supply of sunscreen with their child. Due to the risk of skin sensitivities, the sharing of sunscreen between campers, or between staff and campers, is discouraged.

If your child comes to camp without sunscreen, do we have your permission to provide sunscreen to your child? Yes No

If no, what actions should we take in that event that your child does not have sunscreen one day?

Campers will take trips through forested areas and would be advise to have bug repellent on these days.

Parental Authorization

The health history provided in this form is correct, to my knowledge. The person herein described has permission to engage in all prescribed camp activities, including field trips, except as noted by me. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by Planète Française staff to hospitalize my child as named.

Child's Name _____

Parent/Guardian Signature _____

Date _____

Child's OHIP number _____

Family doctor _____

Family doctor phone number _____

Parent/Guardian Initial: _____