



Fishing camp
Lake Saint-Pierre Outfitter
Health information form

General informations

Last name: _____ First name: _____

Birth date: ____/____/____ Gender: _____

Address: _____ City: _____

ZIP Code: _____

Health insurance card: (number) _____ (expiration date) _____

Parents information

Father's name: _____

Phone number: (home) _____ (cell) _____ (office) _____

Address: _____ City: _____

ZIP Code: _____

Parent's e-mail: _____

My kid lives at this same address:

Mother's name: _____

Phone number: (home) _____ (cell) _____ (office) _____

Address: _____ City: _____

ZIP Code: _____

Parent's e-mail: _____

My kid lives at this same address:

Tax statement 24

SIN father: _____ SIN mother: _____

**Indicate the SIN number of the parent who will be claiming tax statement 24.*

Children name: _____

Parent's initials: _____



Other than the parents, is there another emergency contact to reach if needed?

1. Name: _____ Phone number: _____

Address: _____

Link to the participant: _____

2. Name: _____ Phone number: _____

Address: _____

Link to the participant: _____

Persons allowed dropping or picking up your children:

1. Same info as the other emergency contacts :

Name: _____ Phone number: _____

Address: _____

Link to the participant: _____

2. Same info as the other emergency contacts :

Name: _____ Phone number: _____

Address: _____

Link to the participant: _____

Water safety questions

Check if apply:

Swimming alone _____

Swimming with flotation element _____

Do not swim _____

Afraid of water _____

Does your child have a flotation vest? _____

**Please note that if he or she does not own a flotation vest, we will provide one.*

If not: Weight _____

Size _____

Children name: _____

Parent's initials: _____



Medical information

(Check)

OUI NON

Does your child has a medical history?
If so, specify _____

Does your child had surgeries in the past?
If so, specify _____

Does your child had severe injuries in the past?
If so, specify _____

Does your child suffers from chronic or recurrent diseases?
If so, specify _____

Does your child has a contagious condition?
If so, specify _____

Vaccination: date of the last tetanus vaccine: _____

Does your child has allergies?

Does your child has asthma?

Does your child has another illness not written unwritten above?
If so, specify _____

Does your child take medication?

Dosage of prescription drugs to be administered during the stay:

If you have any further disclosures (bedwetting, sleepwalking, food handling, motor problems, behavioral problems, etc.), please mention it below:

Children name: _____

Parent's initials: ____



Medication Administration

I authorize Lake Saint-Pierre Outfitter as well as teachers or guides who will care for my child to administer the drugs for which my child has a prescription or non-prescription drugs, for which parents or designated responsible persons in the attached document handed to the camp manager, and the necessary care accordingly. The following drugs are considered non-prescription drugs (Acetaminophen - Ibuprofen - Antiemetic - Antihistamine - Anti-inflammatory - cough syrups - Antibiotic cream - Homeopathic products).

I also authorize that my child be transported by ambulance or otherwise in a hospital or community health center. Moreover, in case of emergency and if unable to join us, I authorize the physician selected by the camp authorities to provide my child has any medical attention required by their condition.

The children parent or guardian is responsible to mentioned or forward any new medical information that occurred between the date the form was completed and the date of arrival of the camper to camp.

Parental Signature: _____

Date: _____

Children name: _____

Parent's initials: ____