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HEALTH FORM

Registration week(s): _____

_____		_____
Last name and first name of the child		Age as of September 30, 2018
_____	_____	_____
Medicare number	Expiration (YY/MM)	Date of birth (DD/MM/YY)
_____		_____
Name of the parent responsible of the registration		Phone (home)



MEDICAL INFORMATION

Does your child have or ever had the following diseases:

Asthma Diabetes Epilepsy Other: _____

Important information about diseases checked: _____

PERSONAL INFORMATION

Does your child have restrictions

for certain activities?: Yes No
 If yes, specify: _____

Does your child have any particular emotional behaviors?

Yes No
 If yes, specify: _____

Does your child have received a diagnosis for:

Hyperactivity * ADD *
 Attention deficit * PDD *

*The MONT RIGAUD bike camp does not have the resources to support children with disabilities and/or with a particular condition.

ALLERGIES

Does your child suffer from allergies?

Insect bites* Yes No
 Medications * Yes No
 Food allergies* Yes No
 Food intolerance* Yes No

*Specify the allergy and the details of this allergy (severity, symptoms and all relevant information)

Does your child have a dose of epinephrine (EpiPen) at its

disposal? Yes No

MEDICATION

Does your child must take medication? Yes No

If so, please fill out the authorization form to administer medication.

PARENTAL CONSENT

- I hereby certify that the information provided on the health form of my child is correct and I authorize the MONT RIGAUD day camp staff to provide appropriate medical care and arrange care recommended by a health professional.
- If unable to join us, I authorize the physician to provide my child with any medical treatment required by his state (surgeries, transfusions, anesthesia, injections or hospitalization).
- I agree to defray the cost of medical care for my child (including emergency transportation).

Signature of the parent/legal guardian: _____ **Date:** _____