



Health file

Information about your child

Family name: _____ First name: _____
 Date of birth: _____ Age: _____
 Address: _____
 Town: _____ Province: _____ Postal code: _____
 Health Insurance Number: _____ Expiry (M-Y): _____ / _____
 Date of most recent anti-tetanus (D-M-Y): _____ / _____ / _____
 Enuresis: no yes Wake up at: _____ hrs
 Other information: _____
 Allergies: _____

Person to reach in case of emergency

Mother: _____ home: (____) _____ - _____ work: (____) _____ - _____
 Father: _____ home: (____) _____ - _____ work: (____) _____ - _____
 Other: _____ home: (____) _____ - _____ work: (____) _____ - _____

Medication to be taken during camp (to be filled in on arrival)

Name of medication: _____
 Reason: _____
 Dosage: morning breakfast lunch snack (pm) supper snack (evening)
 Details: _____

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 Reason: _____
 Dosage: morning breakfast lunch snack (pm) supper snack (evening)
 Details: _____

Note: La Ferme d'André administers only medication supplied by the parents. In doubt, the child is brought immediately to the Barrie Memorial Hospital and the family is informed as soon as possible.

I authorize La Ferme d'André to administer this medication.

Date: _____ / _____ / _____ Parent or guardian's signature: _____
day month year

Hopital Barrie Memorial, consent

I authorize the professionals of the Barrie Memorial Hospital to do the necessary test and treatments.

Date: _____ / _____ / _____ Parent or guardian's signature: _____
day month year