



CAMP DE JOUR

BEDFORD

BEDFORD DAY CAMP

HEALTH FORM 2023

You must return the health form with your registration form.
Please fill out a separate form for each child.

1. GENERAL INFORMATION

Child's last name:		Child's first name:	
Gender:	M <input type="checkbox"/> F <input type="checkbox"/>	Birth date:	/ /
Particular need :		Precision :	

2. LEGAL GUARDIAN

Full name:	Full name:
Work phone number:	Work phone number:
Cell or other number:	Cell or other number:

3. IN CASE OF EMERGENCY

Person to contact in case of EMERGENCY: Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian <input type="checkbox"/>	
Two extra people to contact in case of EMERGENCY:	
Full name:	Full name:
Link with the child:	Link with the child:
Phone # (Home):	Phone # (Home):
Phone # (Other):	Phone # (Other):

4. MEDICAL BACKGROUND

Has your child ever had surgery?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, Date:		Reason :	
Serious injury		Chronic or reoccurring illnesses	
Date:		Date:	
Describe :		Describe :	
Have they ever experienced any the following conditions?		Are they currently suffering from any of the following conditions?	
Chicken Pox	Yes <input type="checkbox"/> No <input type="checkbox"/>	Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mumps	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Scarlet fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Measles	Yes <input type="checkbox"/> No <input type="checkbox"/>	Migraines	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other, specify:		Other, specify:	

5. VACCINES AND ALLERGIES

Have they received the following vaccines?		Date	Allergies?	
Tetanus	Yes <input type="checkbox"/> No <input type="checkbox"/>		Hay fever	Yes <input type="checkbox"/> No <input type="checkbox"/>
Measles	Yes <input type="checkbox"/> No <input type="checkbox"/>		Poison ivy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rubella	Yes <input type="checkbox"/> No <input type="checkbox"/>		Insect bites	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mumps	Yes <input type="checkbox"/> No <input type="checkbox"/>		Animals*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Polio	Yes <input type="checkbox"/> No <input type="checkbox"/>		Drugs*	Yes <input type="checkbox"/> No <input type="checkbox"/>
DTaP	Yes <input type="checkbox"/> No <input type="checkbox"/>		Food allergy*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other, specify:			*Specify:	

Does your child have a dose of adrenaline (Epipen, Ana-Kit) because of his allergies?
Yes No

I authorize the persons designated by the Town of Bedford Day Camp to administer, **in case of an emergency**, a dose of adrenaline to my child.

Legal guardian's signature

6. MEDICATION

Does your child take any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If your child has to take medication, you must complete a medication authorization form so that the employee can distribute the prescribed medication to your child.

7. OTHER RELEVANT INFORMATION

The following questions will help us to better intervene with your child.

Does your child need a life jacket or swim aids?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Specify:	
Does your child have behavioral problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe:	
Does your child eat normally?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, describe :	
Does your child have prostheses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe:	
Are there any activities that your child cannot participate in or only under certain conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain :	

8. MEDICINES FOR FREE SALE (IF APPLICABLE)

I authorize the Town of Bedford Day Camp staff to give my child, if needed, one or more non-prescription over-the-counter medications.

Check drugs:

- Acetaminophen (Tylenol, Tempra)
- Antiemetic (Gravol)
- Antihistamine (Benadryl, Reactine)
- Anti-inflammatory (Advil)
- Antibiotic cream (Polysporin)

Legal Guardian's Signature: _____

Date: _____

Please note that all information regarding your child's health status will remain confidential.

9. AUTHORIZATION

- Given that the Bedford Day Camp may be taking photos and / or videos during my child's summer activities; I authorize them to use this material in whole, in part or for promotional purposes.
- I accept that, as part of the activities of the Bedford Day Camp, if necessary, my child driven by a staff member who holds a valid driver's license from his own personal vehicle.
- If changes to my child's health condition occur before the start or during the day camp period, I agree to forward this information to the day camp management, who will make the appropriate follow-up with the child and the animator of my child.
- By signing this, I authorize the Bedford Day Camp to provide first aid to my child. If the Bedford Day Camp Management deems it necessary, I also authorize my child to be transported by ambulance or otherwise to a hospital or community health facility.
- I pledge to work with the Bedford Day Camp Management and to meet with them if my child's behavior is detrimental to the activities.

Legal guardian's full name

Legal Guardian's signature

____/____/____
Date