



SCHOOL GROUPS

HEALTH FORM

CHILD			
First name		Age	
Family name		Grade	
PARENTS			
Mother		Phone	
Father		Phone	
EMERGENCY CONTACTS			
First name & family name		Phone	
First name & family name		Phone	
CHILD HEALTH INFORMATION			
Health Insurance Number		Expiration	
1) Can the child participate in all the activities? Please specify:			
2) Does the child have allergies? Please specify:			
3) Does the child suffer from any disease? Please specify :			
4) Does the child take any medication? Name of medication:		Time	Dosage (mg or ml)
Other relevant information regarding the child's health.			



À L'ÉTAT *naturel*

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