CAMP DE VACANCES ET RÉPITS

DETAILED HEALTH INFORMATION

PARTICIPANT			
First name		Last	
Date of birth		Gender	☐ Male ☐ Female
Health ins. card		Exp.	

Does the participant have medical	☐ Private ☐ RAMQ ☐ Other(s) :
Tetanus vaccine	☐ Yes ☐ No Date:

The participant suffers from following conditions/diseases :

☐ Asthma ☐ Indigestion ☐ Loss of appetite ☐ Bulimia ☐ Constipation ☐ Heart trouble
☐ Urinary disorders ☐ Aids / HIV ☐ Hepatitis ☐ Skin problems ☐ Diabetes
☐ Epilepsy ☐ Controlled ☐ Non-controlled *(Provide the medical report and the latest crisis)*

Does participant suffer from incontinence? ☐ yes, daytime ☐ yes, nighttime ☐ No

ALLERGIES	☐ No ☐ Yes, please specify:
FOOD ALLERGIES	☐ No ☐ Yes, please specify:
Have an Epipen	☐ No ☐ Yes Other allergies:

Does participant possess a hearing aid? ☐ Cochlear implant ☐ Hearing aid ☐ Other:

Communicates in: ☐ LSQ ☐ French ☐ ASL ☐ English ☐ Pictograms

Names of other diseases or handicaps

Medical history (please include the detailed diagnostic related to the disease or handicap)

Other important information

Does participant have a special risk of dehydration, heat stroke or any infection?

☐ No ☐ Yes, please specify when:

CAMP DE VACANCES ET RÉPITS

INDEPENDENCE / AUTONOMY			
Dressing:	☐ Alone	☐ with help, specify:	☐ not able
Washing:	☐ Alone	☐ with help, specify:	☐ not able
Going to washroom:	☐ Alone	☐ with help, specify:	☐ reminder
Orientation:	☐ Alone	☐ with help, specify:	☐ not able
Moving:	☐ Alone	☐ with help, specify:	☐ not able
Uses wheelchair or other walking support: ☐ Yes, specify:			

EATING HABITS / RESTRICTIONS			
Eats:	☐ Alone	☐ with help, specify:	☐ Not able
Drinks:	☐ Alone	☐ with help, specify :	☐ Not able
Dietary restrictions or intolerance: ☐ No ☐ Yes, specify:			
Food presentation: ☐ Normal	☐ Chopped	☐ Pureed	☐ Liquid

Type of behavior and level of understanding of instructions

Does the participant have these types of behaviours			
☐ Aggressive towards him/herself	☐ Runs away	☐ Isolates him/herself	☐ Anxiety
☐ Aggressive towards others	☐ Hyperactivity	☐ Autistic gestures	☐ Opposition

Which elements or events trigger disruption for the participant and their control

Important routine to follow with the participant	
Date	Signature