



CAMP DE VACANCES ET RÉPITS

DETAILED HEALTH INFORMATION

PARTICIPANT			
First name		Last	
Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Health ins. card		Exp.	
Does the participant have medical	<input type="checkbox"/> Private	<input type="checkbox"/> RAMQ	<input type="checkbox"/> Other(s) :
Tetanus vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
The participant suffers from following conditions/diseases :			
<input type="checkbox"/> Asthma <input type="checkbox"/> Indigestion <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Bulimia <input type="checkbox"/> Constipation <input type="checkbox"/> Heart trouble <input type="checkbox"/> Urinary disorders <input type="checkbox"/> Aids / HIV <input type="checkbox"/> Hepatitis <input type="checkbox"/> Skin problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Controlled <input type="checkbox"/> Non-controlled (Provide the medical report and the latest crisis)			
Does participant suffer from incontinence? <input type="checkbox"/> yes, daytime <input type="checkbox"/> yes, nighttime <input type="checkbox"/> No			
ALLERGIES	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:		
FOOD ALLERGIES	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:		
Have an EpiPen	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other allergies:	
Does participant possess a hearing aid?	<input type="checkbox"/> Cochlear implant	<input type="checkbox"/> Hearing aid	<input type="checkbox"/> Other:
Communicates in:	<input type="checkbox"/> LSQ	<input type="checkbox"/> French	<input type="checkbox"/> ASL <input type="checkbox"/> English <input type="checkbox"/> 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?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify when:			

2464, boul. Perrot, Notre-Dame-de-L'Île-Perrot, Québec J7W 2Y9 - info@mon-camp.ca 514.453.7600

mon-camp.ca





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



2464, boul. Perrot, Notre-Dame-de-L'Île-Perrot, Québec J7W 2Y9 - info@mon-camp.ca 514.453.7600

mon-camp.ca