CAMP DE VACANCES ET RÉPITS

DETAILED HEALTH INFORMATION

PARTICIPANT			
First name		Last	
Date of birth		Gender	☐ Male ☐ Female ☐ Other
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:			

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

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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