



Base de Plein Air
Mont-Tremblant

3595, rue Léonard, Mont-Tremblant, QC J8E 2A5
Tel.: (819) 425-2461 Téléc.: (819) 425-7121

MEDICAL INFORMATION

****VERY IMPORTANT** to complete and return this sheet to the Base de Plein Air as this information may be needed in the event of an emergency. Thank you!**

Arrival date: _____ Camper's name: _____
Address: _____ City: _____ Postal Code: _____

Father's name: _____ Home phone: _____ Work phone: _____

Mother's name: _____ Home phone: _____ Work phone: _____

Health insurance no.: _____ Expiration date: _____

Does the child live with both parents? oui non

If not, does he/she live with: father mother joint custody

Has your child ever gone to camp? yes no

GENERAL INFORMATION

Does your child:

1: Have allergies? yes no

2: Have asthma? yes no

3: Have a fear of water? yes no

4: Require special attention at night? yes no

5: Take medication? yes no

6: Wet the bed? yes no

If you answered YES to any of these questions, please provide any information **on the back** of this page that could help our staff give your child the best camp experience (fears, concerns, behaviour, etc.).

Information on the back No information on the back

AUTHORIZATION

I, the undersigned _____, father/mother/guardian of
child (last name, first name): _____

authorize this child to take part in all of the centre's activities. I also authorize the centre's director to obtain medical attention for my child and practice all emergency measures in accordance with a doctor's instructions.

Signature : _____ Date : _____

I authorize the centre to give my child the following medication, if needed:

Tylenol Initials _____ Benadryl Initials _____ Advil Initials _____ Other _____ Initials _____

In an emergency, please contact: _____ Home phone: _____

Relationship: _____ Work phone: _____

In an emergency, please contact: _____ Home phone: _____

Relationship: _____ Work phone: _____

Given that the Base de Plein Air Mont-Tremblant will be taking pictures and/or films of the activities my child