



HEALTH QUESTIONNAIRE

Date of Stay

Week 1: June 27 to July 3

Week 4: July 18 to July 24

Week 7: August 8 to August 14

Week 2: July 4 to July 10

Week 5: July 25 to July 31

Week 8: August 15 to August 21

Week 3: July 11 to July 17

Week 6: August 1st to August 7

Week 9: August 22 to August 28

Information about your child

The male gender is used in this document as a gender neutral. The use of the male gender is intended to lighten the text and make it easier to read it.

First Name: _____

Last Name: _____

Sex: F M Age: _____

Date of birth: (yyyy-mm-dd) _____

Medicare number: _____

Expiry (yy/mm): _____

Date of last anti-tetanus vaccine: (yyyy-mm-dd) _____

Does your child wet his bed? Yes No

Measures to take? _____

Does your child know how to swim? Yes No

Additional information: _____

Medical History – Surgical Procedures – Serious Injuries – Chronic/Recurrent Diseases:

Medical Information

Does your child have allergies? Yes No

Nuts

Peanuts

Eggs

Gluten

Insect Bites

Seafood

Other:

Does your child have any special health issues? Yes No

Asthma

Epilepsy

Diabetes

Visual problem

Hearing disorder

Other:

Does your child have any behavioural issues? * Yes No

Tourette's Syndrome

Autisme Spectrum Disorder

Hyperactivity

Other:



***La Ferme d'André reserves the right to return the child at home in the event that the child disrupts activities or interferes with his safety or that of others. You or an authorized parent will have a maximum of 24 hours to pick up your child.**



Parents' Information

Mother's First Name: _____

Mother's Last Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone Home: _____

Telephone Work: _____

Cell Phone: _____

E-mail: _____

Father's First Name: _____

Father's Last Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone Home: _____

Telephone Work: _____

Cell Phone: _____

E-mail: _____

Emergency Contacts (Mandatory section)

1st contact

First Name: _____

Last Name: _____

Telephone Home: _____

Cell Phone: _____

Relationship with child: _____

2nd contact

First Name: _____

Last Name: _____

Telephone Home: _____

Cell Phone: _____

Relationship with child: _____

3rd contact

First Name: _____

Last Name: _____

Telephone Home: _____

Cell Phone: _____

Relationship with child: _____



MEDICATIONS TO TAKE DURING THE STAY

Child's first and last name: _____

Medication's name	Reason	Frequency	Regularly	When needed

NB: All medications to be taken "**regularly**" must be delivered in the **alveolar distribution system (Dispill system)** prepared by the pharmacist, which you can obtain **free of charge** on request, by contacting your pharmacist in advance. This is the safest mode since the child's name and time are written on each dose. Drugs "**as needed**" should be in their original container with the prescription label.

The parents are responsible to inform La Ferme d'André of any new medical information that has occurred between the date the form was completed and the date of arrival of the stay. When your child arrives at La Ferme d'André, we will validate this information with you.

PARENT'S AUTHORIZATION

In signing this, I authorize the management of La Ferme d'André to administer the medication mentioned above during my child's stay and to provide all necessary first aid. If management deems it necessary, I authorize them to transport my child by ambulance or any other transportation, at my own expense, to a hospital or community health facility. In addition, if it is impossible to reach us, I authorize the physician to provide my child with all the medical care required by his condition, including the practice of surgery, injections, anesthesia and hospitalization.

Signature: _____

By putting my name in the signature box above, I understand that this gesture is equivalent to affixing my handwritten signature.