



# LE RANCH MASSAWIPPI

## HEALTH DATA SHEET (To be completed by parents)

NAME OF THE CHILD : \_\_\_\_\_ Stay : \_\_\_\_\_

Health Insurance Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Telephone : Residence : ( \_\_\_\_ ) \_\_\_\_\_ Cell phone : ( \_\_\_\_ ) \_\_\_\_\_

Office parent 1: ( \_\_\_\_ ) \_\_\_\_\_ Office parent 2: ( \_\_\_\_ ) \_\_\_\_\_

*People to call in case of emergency and if unable to reach you.*

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel.: ( \_\_\_\_ ) \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Tél.: ( \_\_\_\_ ) \_\_\_\_\_

### MEDICAL BACKGROUND

Has he (she) already had?

**Yes No**

Otitis: \_\_\_\_\_  
Mumps: \_\_\_\_\_  
Varicella: \_\_\_\_\_  
Measles: \_\_\_\_\_  
Scarlet fever: \_\_\_\_\_  
Other - Specify: \_\_\_\_\_

Does he suffer (she)?

**Yes No**

Asthma: \_\_\_\_\_  
Hernias: \_\_\_\_\_  
Epilepsy: \_\_\_\_\_  
Diabetes: \_\_\_\_\_  
Other-Specify: \_\_\_\_\_

### VACCINATIONS

**Yes No**

Measles: \_\_\_\_\_  
Rubella: \_\_\_\_\_  
Mumps: \_\_\_\_\_  
Meningitis: \_\_\_\_\_  
DCT: \_\_\_\_\_  
Polio: \_\_\_\_\_

### ALLERGIES

**Yes No**

Hay fever: \_\_\_\_\_  
Chip herbs: \_\_\_\_\_  
Insect bites: \_\_\_\_\_  
Animals\*: \_\_\_\_\_  
Penicillin: \_\_\_\_\_  
Food allergies: \_\_\_\_\_  
\*Specify: \_\_\_\_\_

### MEDICINES

Does your child take any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

Drug Name \_\_\_\_\_ Dosage: \_\_\_\_\_

AUTHORIZATION OF PARENTS By signing this letter, I authorize the camp management to provide all necessary nursing care. If management deems it necessary, I also authorize it to transport my child by ambulance or otherwise, to a hospital or community health facility. In addition, if it is impossible to reach me, I authorize the doctor chosen by the camp authorities to provide my child staying at the camp with all the medical care required by his condition, including the practice of a surgical procedure. , injections, anesthesia and hospitalization.

\_\_\_\_\_  
Signature of Parent or Guardian      Print Name      Date

### SIGN UP IF YOUR CHILD HAS A DOSE OF ADRENALINE

I hereby authorize the camp designees to administer, as needed, in the event of an emergency, the following epinephrine dose \_\_\_\_\_ to my child.

\_\_\_\_\_  
Signature of Parent or Guardian      Print Name      Date