

Beau Soleil Summer Camp Health & Safety Declaration

This form should be completed by the camper's parent or legal guardian. Please read carefully and answer the questions for your child. We understand that some of the questions may be more relevant to younger or older campers. Based on your responses, we might contact you for further information.

Please update us if there are any changes between the completion of this form and the start of the camp.

Name of the camper:

Date of birth:

Weight (kg):

EMERGENCY CONTACT

Name:

Relation to the child:

Phone number:

Does your child present any health condition that we should be made aware of?

Yes No

If yes, please explain:

Does your child take any medication on a regular or in reserve basis?

Yes No

If yes, please explain:

Does your child have any allergies, including but not limited to food, medication, pollen, animals...?

Yes No

If yes, please explain:

Does your child have any specific dietary requirements?

Yes No

If yes, please explain:

Please indicate if your child suffers from mental health disorders, including but not limited to eating disorders, depression, anxiety, suicidal ideation etc.

Yes No

If yes, please explain:

Does your child suffer from any of the following or anything else we should be made aware of, since they are staying at the camp overnight: bed wetting, sleepwalking, insomnia, frequent nightmares etc.

Yes No

If yes, please explain:

Can your child participate in all sporting activities?

Yes No

If no, please explain:

Can your child swim independently?

Yes No

Campers are not allowed to keep medication in their rooms. The infirmary has a stock of all basic medication necessary for treating children with minor injuries or illnesses. All medication brought by campers will be stored in the infirmary until their departure. The daily administration of medication will be executed by the nurse team/or the monitor responsible for your child under medical prescription.

DECLARATION

I understand the information on this form may be shared with the summer camp staff if necessary.

I authorize the Beau Soleil medical team and/or the doctor to take the necessary measures for the health of my child in case of illness or a medical emergency (hospitalization, operation, medication, etc.).

I confirm the above and certify that the information in this form is correct. Beau Soleil cannot be held responsible for any medical problem which could occur and has not been afore mentioned.

Full name

Relationship to the child

Date, place

Signature