



DOES YOUR CHILD SUFFER FROM ANY ALLERGIES ? YES  NO

DOES YOUR CHILD NEED TO CARRY AN **EPIPEN**? YES  NO

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DOES YOUR CHILD HAVE ANY **FOOD ALLERGIES** OR RESTRICTIONS? YES  NO

IF YES, PLEASE SPECIFY

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DOES YOUR CHILD HAVE AN INJURY OR ILLNESS THAT COULD AFFECT HER/HIS PARTICIPATION IN CAMP ACTIVITIES? YES  NO

IF YES, PLEASE SPECIFY:

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**DOES YOUR CHILD TAKE MEDICATION? YES  NO**

|                     |         |
|---------------------|---------|
| NAME OF MEDICATION: | DOSAGE: |
| COMMENTS :          |         |
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| COMMENTS :          |         |
| NAME OF MEDICATION: | DOSAGE: |
| COMMENTS :          |         |

**Limitation of liability:**  
*Considering that all possible precautions are taken to assure the safety and well being of my child attending the camp, I accept not to personally or through another person representing me , lodge any complaint(s) against Sun Youth Camp – Jeunesse au Soleil or its members and employees due to sickness, injury or accident which might affect my child or for damage or loss of my child's goods while in Sun Youth's care. To the best of my knowledge, my child does not have any communicable disease(s) and is physically capable of participating in camp activities. Any medical concern(s) or preoccupation(s) requiring supervision or medical care have been noted. I consent to having my child's medical information be shared amongst the camp's personnel and others if needed. Through the present, I authorize the camp personnel, when required by my child's state of health or in the case of an emergency , to bring or to have my child brought to a physician and/or to a hospital chosen by the camp. I certify that the information contained in this form are factual and up to date. I agree to reimburse the costs of any prescription (s) that the medical service might recommend. All minor medical treatments as required by the camper will be provided gratis. Dental care can only be provided in Montreal and travel cost back to the city will be defrayed by the camper or his/her legal guardian.*

**SIGNATURE OF A PARENT OR GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_