



# Security / Health Information (one form per child) Dorval Day Camp

Photo mandatory  
(scanned or hard copy)

## 1. INFORMATION IN CASE OF EMERGENCY

Last name of child		First name of child	
Medicare number		Expiry date	
Date of Birth	Age as of Sept. 30	Current school grade	
Parent or Guardian #1:	# day tel.	email	
Parent or Guardian #2:	# day tel.	email	
Persons to contact in case of emergency (other than parents or guardian)			
Name		Telephone	
Relationship to child			
1.			
2.			
Persons authorized to pick up child other than parents or guardian. Write all names.			

## 2. MEDICAL HISTORY

Has your child suffered a serious injury that could affect his participation in activities?			
If yes, specify :			
Is your child's tetanus shot up to date		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have a medical condition (ex. Asthma, epilepsy, diabetes, etc.)?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which conditions and give instructions :			
Does your child take medications?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, name of medication		Dosage	
Do you authorize camp personnel to administer the medication?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

## 3. ALLERGIES

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify :
Does your child carry a dose of adrenaline (Epipen, Ana-Kit) for allergies?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Dosage:		

### PLEASE SIGN IF YOUR CHILD HAS A DOSAGE OF ADRENALINE

By signing or typing the following, I authorize the persons designated by the camp to administer, according to need, in case of an emergency, a dose of adrenaline to my child.	Signature of parent or guardian x
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## 4. INTEGRATION FOR CHILDREN WITH SPECIAL NEEDS

Does your child have special needs that may require an integration companion		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Description			

## 5. NAME AND SOCIAL INSURANCE NUMBER OF PAYER FOR RELEVÉ 24:

NAME : _____ LUDIK P.I.N. _____ S.I.N. _____
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## 6. AUTHORIZATION OF PARENTS:

- In case of emergency, I authorize the personnel to take all necessary measures to assure the health and security of my child.

Full name of parent or guardian	Signature	Date
	x	
Telephone during day:	Typing or signing your name above is considered your signature	

**SEE OVER**



**CONDITIONS OF REGISTRATION**

- Fees must be paid and required forms submitted.

**MODIFICATIONS**

- Depending on availability it is possible to move a week on the camp’s calendar.
- There is a \$35 charge per family for all modifications.
- All requests must be sent in writing to [campdejourdorval@gmail.com](mailto:campdejourdorval@gmail.com) at least 5 business days in advance.
- The total number of weeks cannot be reduced.

**CANCELLATION**

- No refunds unless for medical reasons, for which a valid doctor’s note must be provided.
- For medical cancellations, 75% of fees will be refunded, from the date of the medical note.

**SUSPENSION/ EXPULSION**

- The Parent Committee reserves the rights to suspend and/or expel a camper for:
  1. Failure to pay the camp fees and/or
  2. Failure to respect the camp’s rules
- There is no refund of camp fees in the case of suspension or expulsion

**RETURNED CHEQUES**

- There will be a \$25 charge for all returned cheques

**IMPORTANT CONDITIONS**

- All children must have completed kindergarten
- All campers must participate in daily activities.
- Parents are required to pick up their child if ill or injured.
- Only authorized persons for pick-up indicated on Security/Health Form may sign-out a child.
- All children must be escorted to the camp by an adult and signed-in.
- Dorval Day Camp is not responsible for loss or damage to personal belongings.
- The parent agrees to reimburse Dorval Day Camp for unforeseen expenses incurred by the camper
- Dorval Day Camp Parent Committee reserves the right to deny registration.
- Cell phones are not permitted at the DDC. If your child must carry a cell phone, it must remain in their knap sack at all times during camp. If you need to contact your child at camp or if your child needs to contact you please do so through the DDC Office.

**CAMP HOURS & PICK-UP/DROP-OFF TIMES**

In order to optimize the performance of the camp, children must be dropped off by 9 a.m., and may only be picked up as of 4 p.m. Should your child need to be picked up prior to 4 p.m., for example for a medical appointment, please advise the Camp Director by phone or by email at least 24 hours in advance. If you are late picking up your child, please advise the camp as soon as possible; late charges will apply.

**INTEGRATION SERVICE FOR CHILDREN WITH SPECIAL NEEDS**

Please note that families of children with special needs must complete **Section 4: INTEGRATION FOR CHILDREN WITH SPECIAL NEEDS** on the Health and Security Form. The Companion Coordinator will arrange a meeting with each family to determine the needs of their child. This is an important procedure that allows the camp to set up the appropriate preparations in advance of the start of camp and coordinate a suitable companion. Registering a child who has special needs without indication, may lead to the cancellation of the child’s registration.

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## The Parent Committee decision is final

**5. AGREEMENT OF CONDITIONS OF REGISTRATION:**

- I have read and understood the above conditions of registration and agree to the terms. I have read and understood all sections of the Dorval Day Camp Parent’s Handbook and agree to the terms. <http://www.campdejourdorval.org/>

Full name of parent or guardian		Signature	Date
		x	
Telephone during day:		Typing your name above is considered your signature	

