



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 June 25, 2024	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 : _____	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		



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.
- All requests must be sent in writing to campdejourdorval@gmail.com at least 5 business days in advance..

CANCELLATION

- All cancellations must be submitted to campdejourdorval@gmail.com using our cancellation form.

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

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
- Cell phones are not permitted at the DDC. If your child must carry a cell phone, it must remain in their backpack 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.

The Parent Committee decision is final

7. 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	

8. PHOTO RELEASE

- I authorize the camp to take photos of my child(ren) which will be used in the final slideshow at the end of the year and sent to all parents through email. These photos also may be used for promotional material. Please note that the camp does not post on social media platforms

I authorize photo release		Signature	Date
<input type="checkbox"/> Yes	<input type="checkbox"/> No	x	
		Typing your name above is considered your signature	

