



# Le Club Child Care Program

CHILDREN COME FIRST

www.le-club.ca

## Summer Camp Health History Form

Child's Name \_\_\_\_\_ Family Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

(yyyy/mm/dd)

Family Doctor \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Doctor Address \_\_\_\_\_

**A copy of the immunization record is required for children who have not yet been enrolled in Junior Kindergarten ONLY**

Does your child have:

- 1) A condition or behaviour that would require special attention, medication or a special diet? \_\_\_\_\_

\_\_\_\_\_

- 2) Allergies (food, medication, etc.)? \_\_\_\_\_

\_\_\_\_\_

Please specify symptoms of allergic reaction and any special care needed

\_\_\_\_\_

\_\_\_\_\_

- 3) Any dietary restrictions? \_\_\_\_\_

\_\_\_\_\_

Please list any communicable diseases your child may have or has had in the past. For example: measles, chicken pox, Hepatitis A, Fifth Disease

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_