



COLLÈGE ÉDOUARD-MONTPETIT
MAY 31 - JUNE 3, 2012

PARENTAL CONSENT FORM AND MEDICAL RECORD

This information must be submitted before the registration deadline.
We will produce a confidential document containing all the medical information in case of emergency.

Participant's Name			
Address		Community	
Province		Postal Code	
Telephone #		Health Insurance #	
Email		Birthdate	

MEDICAL RECORD

Does your child suffer from or has your child suffered from:

Vision problems, other than glasses	<input type="checkbox"/>	Intestinal problems	<input type="checkbox"/>
Asthma – Respiratory problems	<input type="checkbox"/>	Hepatitis – HIV	<input type="checkbox"/>
Frequent fainting spells	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Enuresis (bed-wetting)	<input type="checkbox"/>	Eczema	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>
Frequent headaches	<input type="checkbox"/>	Nervous conditions	<input type="checkbox"/>
Blood-related problems (haemophilia, dyscrasia, nose bleeds)	<input type="checkbox"/>	Allergies (insects, food, medication or other)	<input type="checkbox"/>
Earaches	<input type="checkbox"/>	Rheumatism	<input type="checkbox"/>
Heart problems	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>



**FIRST NATIONS EDUCATION COUNCIL
5TH EDITION INTER-SCHOOL GAMES**



Does your child need to carry an EpiPen or an Ana-Kit because of allergies?

If so, who is authorized to keep and administer this medication? _____

Vaccination up-to-date: Yes No

Specify: _____

Medication being taking currently: _____

Hereby:

I give my child the authorization to participate in the FNEC Inter-school Games that will be held on May 31 - June 3, 2012, at the Centre Sportif Montpetit at Collège Édouard-Montpetit in Longueuil.

I release the FNEC from all liability should an incident occur during this event.

I authorize _____ to accompany (“to chaperone”) my child during this activity.

Moreover, I authorize this person to take necessary measures to obtain appropriate medical or surgical care in the event of an emergency without needing my prior consent to do so. I am aware that I will be notified by the fastest way possible should this authority be used.

In addition, I authorize the FNEC and the media in attendance to film or photograph my child and use these photos within the framework of campaigns or other projects.

In case of emergency, please notify:

Name	
Telephone #	
Relation to participant	
In the event that I am absent from my residence during the activity, please contact the following person:	
Name	
Telephone #	
Relation to participant	

Signature of parent or guardian: _____

Date: _____