

**MEDICAL INFORMATION**

Please fill out this form carefully with the most recent updated information available.

Name : .....DOB : ...../...../.....

Existing medical problems of child : .....

.....

Medication child is taking : .....

Date of most recent tetanus shot : .....

Child's allergies : .....Blood type : .....

Child's doctor: .....Tel : .....

Child's dentist : .....Tel : .....

<b>Father's phone #</b>
H: .....
W:.....
Cell: .....

<b>Mother's phone #</b>
H:.....
W:.....
Cell:.....

Health insurance name .....Group/Policy #.....

If unable to reach a parent, person to be contacted : .....

Home .....Work : .....Cell : .....

**Please give us your credit card information**

To pay all medical expenses and hospital admission (a deposit will be asked for admission in any hospital in Quebec) Please note that this credit card will also be charged without further notice to send back home a participant for major misconduct, to replace lost items or to pay for any damage for which your child would be responsible. The charge will be shared by the occupants of the room if we cannot determine liability.

Credit card information: Master card  Visa

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Please call your health insurance company to inform them if your child is enrolled in a ski trip in Canada.

Expiration date : / Cardholder name : .....

Billing address : .....City : .....State :... Zip : .....

Please check with your insurance coverage for trips to Canada. Adventure Francophone will not be liable for any medical expenses occurred during the trip. By signing below you agree to reimburse the expenses paid out by Adventure Francophone within 14 days. Adventure Francophone will contract a supplementary Trip-Travel Accident Medical Insurance. Maximum medical benefit \$ 10 000, \$250 deductible. Benefits will be paid by United States Fire Insurance Co for eligible expenses unpaid by your insurance or health plan. Claim must be sent within 90 days after the accident occurred. If an injured or sick participant is unable to travel back home by bus, parents will be responsible for supervision and medical evacuation of their child from the day of the scheduled departure. For travel insurance, visit our site <http://www.adfranco.com/formulaires/insurance.htm>

Date and Signature of parent(s) or guardian(s):