



Bilan de santé personnelle
Personal health statement

Renseignements personnels / personal informations:

| | |
|---|--|
| Nom / Last name | |
| Prénom / First name | |
| Date Naissance (aaaa,mm,jj) / Date of Birth (yyyy,mm,dd) | |

Assurance-voyage / travel insurance:

| | |
|--|--|
| Nom de l'assureur / Insurance company | |
| Téléphone sans frais / Toll free number | |
| No de certificat / Certificate no | |
| No de police / Policy no | |

Contact en cas d'urgence / Emergency contact:

| | |
|---------------------|--|
| Nom / Name | |
| Téléphones / phones | |

Bilan de santé :

| | |
|---|--|
| Allergies / Allergy | Allergies, décrire / Allergy describe: |
| Asthme / Asthma | |
| Diabète / Diabetes | |
| Épilepsie / Epilepsy | |
| Infections récentes / Infections | |
| Opérations antérieures / Operations | |
| Traumatismes récents / Traumatism | |
| Médication actuelle / Medication | |
| Perte de conscience / commotion cérébrale (6 derniers mois) / Cerebral concussion | |

Médicament
Posologie
Medication
Posology

| |
|--|
| |
|--|

Explications
Explanations

Diète speciale
Special diet

Autorisation for medical care :

I hereby authorize Mr. Jacques Ouimet or his representative to act on my behalf for my daughter _____ or for myself, should any situation requiring medical attention occur during the period of February 29 to March 8, 2020, at the “Canada-Florida” Softball training camp in Florida, US.

Date : _____ Signature : _____

