



BE PART OF A
LARGE FAMILY

MEMBERSHIP FORM

Since 1974, **Fred**, the Diabetic Children's Foundation supports, advises and informs children, teenagers and their families when a type 1 diabetes diagnostic occurs. Become a member, free of charge and without obligation, complete and return this registration form to **Fred**. You will receive invitations to our events and social activities, newsletters, information of Camp Carowanis, as well as more pertinent information about diabetes Type 1. Be part of a large family, which includes thousands of members, including more than 4,000 families of young insulin-dependent diabetics in Quebec.

1. GENERAL INFORMATION

First Name: _____ Last Name: _____
Mr. or Ms.: _____ Profession: _____ Company: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Phone 2: _____
E-mail: _____ E-mail 2: _____
I am: ☐ Diabetic child's parent ☐ Diabetic child's legal guardian ☐ Friend ☐ Volunteer
☐ Former camper ☐ Diabetic child's family member ☐ Other, specify: _____

I would like to receive a phone call from a parent who has also a diabetic child or from **Fred** Yes ☐ No ☐

2. OTHER PARENT'S INFORMATION – Please fill out if you are the diabetic child's parent or legal guardian.

First Name: _____ Last Name: _____
Mr. or Ms.: _____ Profession: _____ Company: _____
Address (if different than the one above): _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Phone 2: _____
E-mail: _____ E-mail 2: _____

3. CHILD'S INFORMATION – Please fill out if you are the diabetic child's parent or legal guardian.

First Name: _____ Last Name: _____
Gender: ☐ F ☐ M Date of birth (YYYY-MM-DD): _____ Date of diabetes onset: _____
Hospital: _____ Doctor: _____
Spoken language(s): ☐ English ☐ French ☐ Other, specify: _____
Home: ☐ With both parents ☐ Shared parenting ☐ With father ☐ With mother

4. DECLARATION

CONFIDENTIALITY CLAUSE – The Diabetic Children's Foundation guarantees that all personal information will not be communicated without the consent of the person concerned. The information will be available only to designated people, employees and members of the Parent's Committee who signed the commitment document *Protection of personal information*. The person to whom the information relates may have access at all time to his or her file, according to the right to the protection of personal information as stipulated in the *Act respecting access to documents held by public bodies and the protection of personal information*.

Sign in _____ on _____

Signature: _____

Please return this form at

Fred, The Diabetic Children's Foundation
6855, De l'Épée Street, suite 302
Montreal (Qc), H3N 2C7
Email: info@diabetes-children.ca