

## nature is in session

## **MEDICAL FORM**

nature is in session										
Name:	School/Group:									
Age: Date of Birth:	Date of Birth: Gender:			Program Date:						
Address:										
Provincial Care Card #:	Other Health Insurance:									
Parent/Guardian:	Emergency Contact:									
Email:	Relationship:									
Phone:	Phone:									
Alternate phone:	Alternate phone:									
DIETARY INFORMATION Cheakamus Centre is a nut restricte fully guarantee that private individual Food Allergy	als are not bringir	ng items containing r Reaction	nut products on site for pers n	onal co Epi		tion or u	ise. ace ount	Ва	ver, king DK?	
*Please bring Epi Pen		Epi Pen if required	n if required for anaphylactic reactions.			Yes No Yes No		Yes No		
Lactose										
	ary. Children with diabetes  Frequent Infe  ADHD  Autism	or other significant medical conditions are ection								
Allergies (Environmental or Medications)		F	Reaction	Treatment						
Prescribed Medication: Please LIST: what it is used for, dosage, how	v it is to be given	, and times given. Er	nsure medications are clearl	y labell	ed with	tach sepa	ırate she	et if neo	cessary)	
Consent to MEDICAL TREA consent to treatment to the healt Cheakamus Centre, in consultation I have completed this medical for	th care provider on with visiting (	rs (doctors, hospita teachers, to provid	al medical staff, first aid att e whatever treatment is r	tendan nedical	ts) cho lly nece	sen by essary f	the ma	ınagen		

Date (M/D/Y)

Signature of adult participant OR custodial parent/guardian for children