



This information helps us provide for your dietary and medical needs. PLEASE PRINT CLEARLY.

SCHOOL/GROUP: \_\_\_\_\_

Program Date: \_\_\_\_\_

**PARTICIPANT INFORMATION**

Name: _____	Usual first name	Age: _____	Date of Birth (m/d/y): _____	Gender: M F
Address (street/city/province/postal code): _____				
BC Care Card # _____		Other Health Insurance: _____		

<b>Parent/Guardian:</b>	<b>Emergency Contact:</b>
Email: _____	Relationship: _____
Phone: _____	Phone: _____
Alternate Phone: _____	Alternate Phone: _____

FOOD ALLERGIES	Reaction (Bring two Epi Pens if required)	Epi Pen required?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**FOOD RESTRICTIONS**

- Gluten Free
- Celiac Disease
- No Pork
- Other (use additional page if necessary)
- No Red Meat
- Lactose intolerant (small amount OK)
- Vegan
- Lacto ovo vegetarian (eggs & dairy OK)
- Lacto vegetarian (dairy OK)
- Pescatarian (fish, eggs & dairy OK)

**ALLERGIES (Environmental or medications)**

**Reaction**

**Treatment (bring 2 Epi Pens if required)**

ALLERGIES (Environmental or medications)	Reaction	Treatment (bring 2 Epi Pens if required)

**HEALTH INFORMATION** Please attach a separate sheet or care plan if necessary

- Glasses/Contacts
- Hearing Aid
- Heart Condition
- Other significant health information:
- Diabetes
- ADHD
- Autism
- Recent Concussion
- Seizure Disorder
- Migraine Headache
- Recent Injury (describe below)
- Frequent infection (describe below)
- Anxiety/Phobia (describe below)
- Bedwetting
- Asthma
- H/L blood pressure

**Prescribed Medications** Please list medication name, what it is used for, dosage, time given.


**Tetanus Shot** IMPORTANT INFORMATION. Children in BC receive a tetanus booster in Kindergarten and Grade 9.

- Tetanus (within last 5 years)
- Tetanus (within last 10 years)
- Choose not to immunize

**SWIMMING ABILITY**

- Able to swim 100m
- Able to swim 25m
- Non-swimmer

**Non-swimmers:** are you comfortable in deep water while wearing a lifejacket?  Yes  No

**CONSENT TO MEDICAL TREATMENT** In the event of a medical emergency, if I am not immediately contactable, I give my consent to treatment to the health care providers (doctors, hospital medical staff, first aid attendants) chosen by the directors of Strathcona Park Lodge, to provide whatever treatment is medically necessary for the Participant.

I have completed this medical form accurately, truthfully, and to the best of my knowledge as of today's date.

Signature of adult participant or parent/guardian for youth

Today's date (m/d/y)