STRATHCONA PARK LODGE MEDICAL FORM

SCHOOL/GROUP:	PROGRAM DATE:

PARTICIPANT INFORMATION			
Participant's Name:	Age:	Date of Birth (m/d/y):	Gender: M F
Address (street/city/province/postal code):			

Parent:	Emergency Contact:
Parent Email:	Relationship:
Home Phone:	Home Phone:
Alternate Phone:	Alternate Phone:

Doctor's Name:	Phone Number:
Provincial Care Card #:	
Other Health Insurance Provider:	Policy #:

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

ALLERGIES – Please provide an extra sheet if necessary.		
EpiPen required for allergies?	☐ Yes ☐ No	**If YES, participant must bring two EpiPens with them.**
Allergen/Trigger	**Reaction**	**Treatment**

DIETARY RESTRICTIONS			
☐ None	☐ Vegan	☐ No Red Meat	☐ Gluten Free
☐ Vegetarian	☐ No Pork	☐ Lactose Intolerant	☐ Celiac Disease
☐ Other (please describe)			

HEALTH INFORMATION – Please attach a separate sheet or care plan if necessary				
☐ Glasses/Contacts	☐ Diabetes	☐ Recent Concussion	☐ Recent Injury (please describe)	☐ Bedwetting
☐ Hearing Aid	☐ ADHD	☐ Seizure Disorder	☐ Frequent infection (please describe)	☐ Asthma
☐ Heart Condition	☐ Autism	☐ Migraine Headache	☐Anxiety/Phobia (please describe)	☐ H/L blood pressure
☐ Other significant health information				
☐ Medications – Please list all prescription and non-prescription meds the participant will be taking while at Strathcona:				
☐ Tetanus Immunization – Please check if immunization is current. Year:				

CONSENT TO MEDICAL TREATMENT

In the event of a medical emergency, if I am not immediately contactable, I hereby give my consent to treatment to the health care providers (physicians, nurses, first aid attendants) chosen by the directors of Strathcona Park Lodge, to provide whatever health care treatment is medically necessary for the Participant named above.

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 custodial parent/guardian for minors:	Date: