



STRATHCONA PARK LODGE

MEDICAL FORM

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

SCHOOL/GROUP:

PROGRAM DATE:

PARTICIPANT INFORMATION

Name:	Age:	Date of Birth (m/d/y):	
Address (street/city/province/postal code):		Gender:	Preferred Pronoun: Sex at Birth:
BC Care Card #:	Other Health Insurance:		

Parent/Guardian Name:	Emergency Contact Name:
Email:	Email:
Phone:	Phone:
Alternate Phone:	Alternate Phone:

FOOD ALLERGIES	Reaction (bring two Epi Pens if any are 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

FOOD RESTRICTIONS

- | | | |
|---|---|---|
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Pescatarian (fish, eggs & dairy ok) | <input type="checkbox"/> Lactose Intolerant (small amount ok) |
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Lacto Ovo Vegetarian (eggs & dairy ok) | <input type="checkbox"/> Disordered Eating |
| <input type="checkbox"/> No Pork | <input type="checkbox"/> Lacto Vegetarian (dairy ok) | <input type="checkbox"/> Picky Eater |
| <input type="checkbox"/> No Red Meat | <input type="checkbox"/> Vegan | <input type="checkbox"/> Other (use back page to describe) |

ALLERGIES (environmental or medication)	Reaction (use back page if needed)	Treatment (bring two Epi Pens if any are required)

HEALTH INFORMATION (use back page or attach care plan if necessary)

- | | | |
|--|--|--|
| <input type="checkbox"/> Glasses/Contacts | <input type="checkbox"/> Recent Concussion | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Migraine Headache | <input type="checkbox"/> Autism |
| <input type="checkbox"/> H/L Blood Pressure | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Panic Attacks |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Recent Injury (describe) | <input type="checkbox"/> Depression/Mood Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Infection (describe) | <input type="checkbox"/> Anxiety/Phobia (describe) |
| <input type="checkbox"/> Diabetes | | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Other health information: | | |

PRESCRIBED MEDICATIONS Please list medication name, what it is used for, dosage and time given.

LAST TETANUS SHOT IMPORTANT! Children in BC receive a tetanus booster in Kindergarten and Grade 9.

- Within last 5 years Within last 10 years Not immunized

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)

