

Participant Medical Condition Summary

This form is designed with the health and safety of the participants in mind. It summarizes the information about the participants' medical conditions from the Health and Consent Forms. We will use this summary to alert the field centre staff of any conditions and/or medical needs that members of your group may have.

Please fax the completed form to 905-880-1975 no later than one week prior to your visit. (Please print)

School/group: _____ Date of visit: _____

Group contact, position: _____ Phone: _____

Accompanying adult(s): _____

Total no. of adults: _____ Total no. of participants (below age 18): _____

No.	Name of participant	Medical condition	Meds <input type="checkbox"/>	H <input type="checkbox"/>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Meds = On medication

H = Health and Consent Form

AD = Adult

This information is collected under the Conservation Authorities Act. It will be held in confidence during your stay and returned after your visit. Please contact the field centre supervisor if you require more information.

Participant Medical Condition Summary

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No.	Name of participant	Medical condition	Meds <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
AD				
AD				
AD				
AD				

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List any information found on the Health and Consent Form that is not indicated above.

List any other information (e.g., late arrival/early departure).
