

## 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 905-649-1709 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 checked="" type="checkbox"/>	H <input checked="" 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

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

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				

Meds = On medication

H = Health and Consent Form

AD = Adult

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

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

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