## **HEALTH AND CONSENT FORM**

(for participants under 18 years of age)

	Suri	name:	Given name:	Sex:	
	Age	: Birth date (Y-M-D):	Health card no. (optional):		
	Home address:				
			Phone: ( )		
В.	EM	EMERGENCY CONTACT IN CASE OF ILLNESS			
	DAY	′ – Name:	_ Relationship: Phon	e: ( )	
	NIG	HT – Name:	_ Relationship: Phon	e: ( )	
	Fam	ily doctor's name:	Doctor's phon	e: ( )	
c.	PERSONAL MEDICAL CONDITIONS AND SPECIAL NEEDS (attach further information if necessary)				
	1.	Does the participant have any allergies?* (check		•	
		☐ Insect ☐ Plant ☐ Food ☐ Drug	☐ Other		
	2.	Do any of the following medical conditions apply			
		☐ Diabetes ☐ Rash ☐ Asthma ☐ Epilep	sy Heart condition Recent illne	ss/operation	
		☐ Contact lenses ☐ Other			
	3.	If you have checked ✓ any of the boxes in question	ons 1 and 2 above, please provide details:		
	4.	Will this participant be on medication while at th	e Nature Centre? (If yes, please describe.)		
	5.	Describe any food restrictions (e.g., religious, veg	etarian, etc.).		
	6.	Describe any night-time problems.			
	*No	te: Participants with anaphylactic conditions must be a	ccompanied with two epipens and a copy of t	he medical response plan.	
D.	CO	NSENT OF PARTICIPATION			
l, th	e pare	ent/guardian of the above participant (participant's full	name), give co	onsent for him/her to	
participate in a field trip at the Claremont Nature Centre from (d			ate)to (date)		
		emergency, if I cannot be reached, an alternative ad ily responsible for my child is:	ult whom I have asked to be on call and wh	o is willing to be	
Full	name	e: Phone (day	): ( ) Phone (night): (	)	
Add	dress:		City, postal code:		
Full name of parent/guardian:			Relationship:		
Sigr	nature	e of parent/guardian:	Date:		