

Regina Camp Health Information Form

Student Information

Name: _____ Health Card Number: _____

Address: _____

City: Ottawa, ON

Postal Code: _____

Parent/Guardian Name(s): _____

Emergency Contact Information

Contact #1

Contact #2

Name: _____

Name: _____

Relationship to Student: _____

Relationship to Student: _____

Address: _____

Address: _____

Phone: _____ (daytime)
_____ (evening)

Phone: _____ (daytime)
_____ (evening)

Medical Information

Has your child experienced any of the following? Please check all that apply.

Asthma Diabetes Seizures Other (please specify) _____

If you checked any of the above, please provide a detailed explanation of condition.

Is your child taking any medication (prescription or over-the-counter)? Yes No

If yes, list medication(s)

Does your child have any allergies to any of the following? Please check all that apply.

Food Bee Stings Insect Bites Other (please specify) _____

If you checked any of the above, please provide a detailed explanation.

Special Needs

Diet/Religious or Other Special Needs:

Signature of Parent Guardian _____ Date _____