

# Scanlon Creek Nature Centre

## HEALTH FORM

**This form must be completed by all visitors – both adults and children – to the Nature Centre.**

Date of visit: \_\_\_\_\_ Name of School or Group: \_\_\_\_\_

Participant's surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Home Address \_\_\_\_\_ Phone No: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No: \_\_\_\_\_

Participant's Health Card Number (Optional) \_\_\_\_\_

Emergency Contact in Case of Illness (i.e., relative, friend, neighbour):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No. \_\_\_\_\_ Business No. \_\_\_\_\_ Cell No. \_\_\_\_\_

### PERSONAL MEDICAL HISTORY

Is the participant currently taking any medication of which we should be aware? \_\_\_\_\_

If yes, please describe details should help be required: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the participant have any medical condition which could affect their full participation in the Nature Centre's programs? \_\_\_\_\_ If yes, please give details below and discuss the details with the Nature Centre's staff prior to participation in programs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the participant have any allergies? If yes, give a detailed list of allergies, reactions and medical attention required: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

***I hereby authorize a Scanlon Creek representative to secure such medical advice and services as may be deemed necessary for my child's health & safety.***

Signature of adult participant or child's parent or guardian:

\_\_\_\_\_

***Important!***  
**If the participant requires an epipen, he/she must have 2 current epipens with them during this field trip.**