



Reading fun for kids, from
Canada's public libraries
tdsummerreadingclub.ca

PARTICIPANT HEALTH/MEDICAL FORM
(Please fill out a separate form
for each child, thank you.)

HEALTH/MEDICAL INFORMATION (Write below or attach a separate page if more space is needed.)

Child's name: _____

Known Conditions:

Does the child have any medical, physical or other challenges that we should know about? Please check all that apply:

- Recent illness or injury
- Recent hospitalization or surgery
- Recent contact with any communicable disease
- Physical disabilities or limitations
- Eye, ear, or throat problems
- Asthma
- Diabetes
- Serious fears
- ADD, ADHD or other behavioural condition
- Learning conditions
- Other conditions that may affect participation in the activity

Provide additional details here:

Allergies

Does the child have any allergies (e.g., specific drugs, certain foods, insect bites or stings, hay fever, animals, or other)

Specify: _____

Carries? Inhaler: Yes No EpiPen: Yes No

Knows how to use? Inhaler: Yes No EpiPen: Yes No

Emergency Contact other than parent/guardian:

Name: _____

Phone: (H) _____ (W) _____ (Cell) _____

Parent/Guardian:

Name (Please Print)

Signature

Date