

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) Phone: _____ (daytime)
_____ (evening) _____ (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 Needs: _____

Other: _____

Signature of Parent/Legal Guardian _____ Date _____