

After School Opera Program 2012/2013 Health and Safety Form

Please print clearly and complete a separate form for each child.

Term: Fall Winter Spring

Date: _____

Child's First Name: _____

Child's Last Name: _____

Doctor's Name: _____

Doctor's Contact Number: _____

OHIP Number: _____

Health Issues: Does the participant have any health issues which may limit his/her participation in the program? For example: asthma, diabetes, heart disease, epilepsy, etc. Yes No

If yes, please elaborate: _____

Please list any medication that the participant is currently taking: _____

Will the participant be bringing any medication to the program? Yes No

If Yes, please specify: _____

Allergies: Does the participant have any allergies e.g. food, peanuts, drugs/medication, animals, hay fever, etc.?

Yes No

If Yes, please specify what the participant is allergic to, and elaborate on the severity of the reaction:

Does the participant carry an Epi-pen or any other allergy medication? Yes No

If Yes, specify: _____

Other Information: Are there any other concerns of a medical nature that may arise during the program?

Please specify: _____

Name: _____

Signature: _____