



### MEDICAL CONDITION FORM

To be completed if participant has a medical condition that the CARA Summer Program staff need to be aware of. Please complete and return before the first day of the program. All participants' medical information will be used by CARA staff only. **Note:** Please complete the Seizure Emergency Plan & Anaphylaxis Emergency Plan if necessary.

#### PARTICIPANT INFORMATION

Participant Name: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_

Medical Alert ID: YES    NO    Where is it located (wrist/neck): \_\_\_\_\_

#### MEDICAL CONDITION INFORMATION

Medical Condition (i.e heart condition, epilepsy, diabetes): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signs / symptoms commonly experienced: \_\_\_\_\_

\_\_\_\_\_

When are these symptoms likely to occur? \_\_\_\_\_

\_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Should any of the symptoms or signs occur at the CARA Summer Program:

- |  |   |   |
|--|---|---|
| 1. The parent/guardian must be contacted immediately?        | Y | N |
| 2. Emergency Medical Services must be contacted immediately? | Y | N |

**Note:** CARA Summer Program Staff will not administer medication. Non-prescription medications (ie. Tylenol/Advil) will not be administered under any circumstances. If a participant feels ill the parent/guardian will be contacted.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date