



Medical + Exceptionalities Information

PARENT/LEGAL GUARDIAN

This form and the information you provide is optional. The purpose of this information is to help instructors and program staff manage the classroom and does not replace a formal request for learning accommodations. The information you submit is confidential and will be destroyed when your child's course has ended.

INSTRUCTIONS

1. Complete this PDF form.
2. Submit via email to KFiedrich@ecuad.ca (Kristina Fiedrich, Programs Manager)

Student Full Name

Parent / Legal Guardian Full Name

Program or Course Name

Start Date

MEDICAL INFORMATION

Does your child have allergies?

☐ No ☐ Yes

If yes, what are they allergic to:

Does your child require any medication (including epi-pens)?

☐ No ☐ Yes

Does the medication need to be refrigerated?

☐ No ☐ Yes

If your child carries medication, where is it kept?

PHYSICAL + BEHAVIOUR EXCEPTIONALITIES

Are there any physical or behavioural exceptionalities that we should be aware of to better support your child's participation in the program? ☐ No ☐ Yes

If yes, please describe:

PARENT / GUARDIAN SIGNATURE

(required when submitting this form)

Date of Signature

