

Children's ART STUDIO^{INC.}

Health & Medical Form

45 Benson Avenue, Toronto ON M6G 4C6
647 808 8590
HST: 827778648RT0001

HEALTH HISTORY OF: Last Name : _____ First Name : _____

Birthdate: _____ Height: _____ Weight: _____

Please briefly comment on your child's overall health: _____

If your child is not able to participate in certain activities, please outline: _____

Does your child have frequent colds? _____

Tonsillitis? _____ Stomach Aches? _____ High Fevers? _____

Does your child have a life threatening allergy? Yes No Please provide a picture.

Other (please specify) _____

Hay Fever? _____ Asthma? _____ Animals? _____ Insect bites? _____ Food? _____ Nuts? _____

Epipen required? Yes No _____ Camper carries own Epipen? Yes No _____

Briefly explain your child's reaction to any of these allergies and any medication taken for these:

Does your child have a diagnosed condition? _____

Does your child have any congenital problems/issues? _____

Is your child receiving a medication program? _____

EMERGENCY CONTACT

Please give the name of a contact person in case of emergency (other than parents).

Name: _____ Relationship: _____ Phone #: _____

Medical Information: Name of Physician: _____

Address: _____

Telephone: _____ Child's Health Card Number: _____

Signature of Parent or Guardian _____ Date _____