



Sol Outdoor Learning
Valleycliffe, Squamish
<http://facebook.com/soloutdoorlearning>
sdubowits@gmail.com
604.767.4202

Health and Safety Information

Participant

Legal last name		Phone	
Legal first name		Alt. phone	
Legal middle name(s)		Email	
Preferred first name		Street Address	
Gender		City/Prov/PC	
Date of birth		Mailing Address	
Personal Health No.		City/Prov/PC	

Parent/Guardian Information

Last, First name		Address (if different)	
Relationship		City/Prov/PC	
Parent/Guardian (Y/N)		Mailing address	
Lives with child (Y/N)		City/Prov/PC	
Receive email (Y/N)		email	
Phone			

Parent/Guardian Information

Last, First name		Address (if different)	
Relationship		City/Prov/PC	
Parent/Guardian (Y/N)		Mailing address	
Lives with child (Y/N)		City/Prov/PC	
Receive email (Y/N)		email	
Phone			

Authorized Pick-up List / Emergency Contact

Name	Relationship	Phone Number	Emergency Contact (Y/N)

Legal Alerts

Court order on file (Y/N)	
Description	

Please attach any relevant parenting access orders or agreements.

Medical Alerts

Please include any information regarding the degree of severity and intervention procedures in the description. Attach additional documents if necessary.

Allergies	
Description	
Medication(s)	
Medical conditions	
Description	
Medication(s)	
Diagnosis/es	
Medication(s)	
Support personnel and contact	
Support plan (Y/N)	

Medical Doctor's name and contact: _____

Dental Doctor's name and contact: _____

Other Information

Please use this space to include any relevant information you would like us to know about your child.

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I certify that the above information is true to the best of my knowledge.

Signature: _____

Print Name: _____ Date: _____