

**Group Medical Summary**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School or Group Name:** |  | **Grade(s):** |  | **Program Dates:** |  |

This is an essential overview of your group (including adults) with all relevant food allergies, medical conditions, and any behavioural notes. We appreciate your effort in getting to know your group’s medical and dietary needs in advance of your program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** (Last, First) | **Food Allergies and Restrictions** | **LT?** | **Medical Conditions** | **Behavioural Notes** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| *Example* | *Vegetarian: please specify if they can have milk/eggs/fish**Allergies: please specify allergy and if the allergy is Life**Threatening (LT)**Lactose Intolerant: please specify if they can have cheese; and dairy products in baking?* | *Life**Threat- ening?**Y/N* | *e.g. non-food allergies, diabetes, seizures, heart**condition, asthma, hearing aid, recent concussion/injury, migraines, etc.* | *e.g. requires EA support, autism, ADHD,**anxiety/phobia, bedwetting, sleepwalking, etc.* |