

Group Medical Summary

School: _____ Grade(s): _____ 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	Food Allergies and Restrictions	LT?	Medical Conditions	Behavioural Notes
<i>Example</i>	<i>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?</i>	<i>Life Threatening?</i> Y/N	<i>e.g. non-food allergies, diabetes, seizures, heart condition, asthma, hearing aid, recent concussion/injury, migraines, etc.</i>	<i>e.g. requires EA support, autism, ADHD, anxiety/phobia, bedwetting, sleepwalking, etc.</i>