**ETOBICOKE OUTDOOR EDUCATION CENTRE**

**SUMMARY OF HEALTH CONCERNS**

(e.g. asthma, allergies, diabetes, etc.)

|  |  |
| --- | --- |
| **Learner’s Name** | **Concern** |
| e.g. Angelo Chan  | Severe bee sting allergy carries Epi-pen  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

If a learner requires an Epi-pen or a puffer, they must bring it to the centre with them, and the parent must complete a Management of Critical Medical Concerns form (form 536B) before the learner arrives at the centre (this form should already be in the student’s OSR)