

Gardom Lake 2015 Registration/ Personal & Medical Information
This information must be completed and handed in with your payment

Name: _____
Address: _____

Telephone: _____
Care Card Number: _____
Emergency Contact: _____
Telephone: _____
C.L.B.C. Social Worker: _____

Medical Conditions/ Concerns: _____

Medications?: Yes: No:
If yes, attach MAR sheet, ALL medications must be blister packed

Allergies: _____

Diet information or special food preparation requirements (if needed): _____

Accessibility needs: _____

Additional information if required (sleep patterns/ considerations,
safety concerns, other): _____

Form completed by: _____

Signed: _____