



Adventure Learning Experiences

*"where **Service** and **Leadership** come together"*

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Travel Health Information

This is intended to assist a qualified medical practitioner, in case of emergency, in effectively serving your health needs. All information will be held in strict confidence and will only be shared between the leaders and attending health care officials.

Note: Please bring your Immunization Record with you on the trip.

Full Name _____

Date of Birth _____

Health Card Number _____

Family Doctor _____

Phone number _____

Email _____

Medical/Travel Insurance Policy: Company _____

Policy Number _____

Contact Number _____

a) Do you have any health conditions that you feel are important for the leaders to know?

b) Are you currently on any medications that you feel are important for the leaders to know?

c) Is there any other information, which you feel would be important for the leaders to know relative to your personal health needs?

d) Are there any dietary restrictions that you would like us to be aware of?