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Medical + Exceptionalities Information Form

Youth + Teens Programming, Continuing Studies

Dear Parent/Guardian,

We want to create a safe, welcoming and inclusive environment for all students at ECU. The purpose of this information is to help instructors and program staff manage the classroom and best support all students with participation and engagement. Students do not need to have a doctor's note or formal diagnosis to complete this form. The information you submit is confidential and will be destroyed once your child's course/program has ended.

This form and the information you provide is optional. This form does not replace a formal request for learning accommodations. Formal requests for learning accommodations must be placed with [Accessibility Services](#).

Please submit the completed form to **Kelsey Lee, Coordinator of Youth + Community Programs**, at kelseylee@ecuad.ca.

Student First Name*

Student Last Name*

Student Preferred Name

Preferred Pronouns

Program or Course Name*

Program or Course Start Date*

ECU Student ID*

MEDICAL INFORMATION

The information provided in this section will be shared with ECU's Health + Safety team to draft an emergency response protocol and procedure to ensure we have a safety plan in place for your child.

Does your child have any allergies? YES NO

If yes, what are they allergic to? Please list.

Does your child require any medication (including Epi-Pens)? YES NO

Does the medication require refrigeration? YES NO

If your child carries medication, where is it stored/kept?

PHYSICAL + BEHAVIOUR EXCEPTIONALITIES

The information provided in this section will be used as a guide for instructors and program staff to create instructional practices and strategies that better support your child in our classrooms and during their time at ECU. The information and strategies that you share with us are invaluable assets to ensuring that we are prepared to support your child and their learning experience to the best of our abilities.

Are there any physical or behaviour exceptionalities that we should be aware of, to better support your child's participation and engagement in the course/program? YES NO

If yes, please describe:

Parent/Guardian First + Last Name*

Parent/Guardian Signature*

Date*