



## Medical + Exceptionalities Information

**This form and the information you (parent/guardian) provide is optional.** The purpose of this information is to help instructor manage the classroom and does not replace a formal request for learning accommodations. If your child would benefit from a learning accommodations plan, please contact [ECU Accessibility Services](#) as soon as possible.

### INSTRUCTIONS

1. Download this PDF form and complete.
2. Submit the form to [mcsaba@ecuad.ca](mailto:mcsaba@ecuad.ca) (Maria Cecilia Saba, Manager of Youth + Community Programs)

The information you submit is confidential and will be destroyed when your child's course has ended.

<b>Student Full Name</b>	<b>Parent / Guardian Full Name</b>

	<b>List Program(s) you are registered in:</b>	<b>Program Start Date(s)</b>
1.		
2.		
3.		

### MEDICAL INFORMATION

Does your child have allergies? No  Yes

If yes, allergic to:

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Does your child require any medication (including epi-pens)? No  Yes

If your child carries medication, where is it kept? *ECU instructors and staff are not authorized to administer medication. Your child must self-administer medication.*

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### PHYSICAL + BEHAVIOUR EXCEPTIONALITIES

Are there any physical or behavioural exceptionalities that we should be aware of in order to better support your child's participation in the program? No  Yes

If yes, please describe:

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<b>PARENT / GUARDIAN SIGNATURE</b> (required if submitting this form)	<b>Today's Date</b>

Please submit completed form to [mcsaba@ecuad.ca](mailto:mcsaba@ecuad.ca)