



Glebe Neighbourhood Activities Group
 175 Third Avenue, Ottawa
 613-233-8713 info@gnag.ca

Medical Condition Form

TO BE COMPLETED BY THE PARTICIPANT OR
 PARENT/LEGAL GUARDIAN OF THE PARTICIPANT

Participant's Name: _____

DOB: _____

Please include a photo of your child to attach to this form.

Medical Condition	
What to watch out for and things to avoid.	
Treatment or Assistance	
When to call 911	
Other (more info can be attached)	

Camps or Programs Child is attending:

Name of Parent/Guardian PLEASE PRINT

Signature of Participant or Parent/Guardian (if participant is under 18 years)

_____ Date: _____