

# ONTARIO SCIENCE CENTRE

## MEDICAL AND PARTICIPANT SUPPORT FORM

If you have registered a Participant (or Participants) with special support requirements, please complete this form to tell us about their specific needs. Note that to protect the privacy of its Participants, the Science Centre does not keep medical information on file.

**Registering Parent** \_\_\_\_\_  
(Parent's first and last name)

**Confirmation Number** \_\_\_\_\_

**Participant 1** \_\_\_\_\_ **Program Date(s)** \_\_\_\_\_  
(Child's first and last name)

Describe any medical conditions, allergies, dietary needs and/or medications this Participant will be bringing.

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Describe any special needs (physical/learning disabilities, behavioural concerns, etc.) and useful strategies for supporting the Participant with these needs.

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Please provide any other relevant information regarding the Participant's need for support, including health conditions not listed above, recent surgery, illness or injuries that may impact their program experience.

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This information is collected under the authority of the Centennial Centre of Science and Technology Act, for registration purposes. If you have any questions about this collection, please contact: Manager, Recreational and Family Learning Experiences, Ontario Science Centre, 777 Bay Street, Box 151, Toronto, ON, M5G 2C8 (Email: [RecreationalPrograms@ontariosciencecentre.ca](mailto:RecreationalPrograms@ontariosciencecentre.ca))

# ONTARIO SCIENCE CENTRE

## MEDICAL AND PARTICIPANT SUPPORT FORM

**Participant 2** \_\_\_\_\_ **Program Date(s)** \_\_\_\_\_  
(Child's first and last name)

Describe any medical conditions, allergies, dietary needs and/or medications this Participant will be bringing.

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Describe any special needs (physical/learning disabilities, behavioural concerns, etc.) and useful strategies for supporting the Participant with these needs.

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Please provide any other relevant information regarding the Participant's need for support, including health conditions not listed above, recent surgery, illness or injuries that may impact their program experience:

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Please provide a hard copy of this form to your participant's group leader or to a supervisor.