Medical Alert Sheet!

School:	Session:

Please list on this sheet those students **and adults** who have medical, emotional, or behavioral conditions that could require special attention from our staff. It is very important to **include any conditions** that might require emergency care or transport from JOY to medical facilities.

Examples to include but are not limited to the following:

*Food Allergies *Allergic to bees *Recent Surgery
*Diabetes *Pregnant *Broken Bones

*Asthmatic *Epileptic *Casts, Crutches, Wheelchairs...

Please include names of people whose participation may be restricted for any reason, including anyone without parental permission to participate in the Ropes or Living History Reenactments.

Please notify your coordinator regarding any confidential information.

Name	Table Number			Meds/Kits	Notes
Example Smith	2	OWL	Peanut Allergy	EPI Pen	Air Bourne allergy-Very severe!

^{*}Those whom you feel may be at risk on the ropes course.