CHEAKAMUS CENTRE

nature is in session

Group Profile

School: _____ Grade(s): _____ Dates: _____ # Adults: _____

Planning Coordinator: _____ Cell phone #: _____

Attending Lead Teacher: _____ Cell phone #: _____

Students: _____
Girls: _____
Boys: _____
Other: _____
Notes: _____

Student Group Information:

Please describe the composition of your group (e.g. multiple classes or ages attending, relevant demographics, ELL levels, etc.) and any relevant group dynamics:

Please note any complex needs or medical conditions (e.g. diabetes, asthma, seizures, heart condition, fainting, pregnancy, recent illness, etc.) that our staff should be aware of:

Please note this information is only to inform our team, your group is required to provide primary care for these students. If this student has a medical plan with the school, we encourage you to pass along a copy with your Group Medical Summary.

Attending Adult Participants:

Name	Role *(Teacher, EA, Parent, etc.)*	First Aid/ Medical Support *(responsible for administering medications)*	First-time *participating in program at Cheakamus Centre*
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Any other information you would like us to know about your group: