



CHILD QUESTIONNAIRE – one form per child

Parent Name: _____ Trip #: S18 Trip Date: _____

Child Full Name	Birth Date D-M-Y	Height	Weight	Boot Size*	Length of Ski at Home (cm)*

*CMH has a selection of skis for your child available upon request, but you will be responsible for bringing comfortable ski boots from home for your child.

If your child currently has, or has recently has, any of the following, please mark with an 'x':

- Asthma
- Heart Condition
- Fainting and/or seizures
- Environmental Allergies: _____
- Drug Allergies: _____
- Food Allergies: _____
- Behavioural Needs: _____

Does your child carry an EpiPen? Yes No

If you checked yes to any of the above, please give applicable details below:

Is your child under any form of treatment/medication for an injury, illness and/or a physical condition?

Does your child require one-on-one care at school or other childcare facilities? Yes No

If yes, please be specific in why: _____

Are there any special needs, emotional conditions, cognitive conditions and/or significant recent events that our staff should be aware of while working with your child?