Medical Information and Consent

Participants Name: _____

Are there any medical, behavioural, or other concerns (eg food or insect allergies) that we should know about? Please provide details of any action plans to be executed in case of an event.

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This information will be kept private and confidential. At the discretion of MakeItZone, it may be shared with MakeItZone staff and/or guest presenters working with the participant for the purpose of safety and/or learning success.

I acknowledge that this information may be shared with MakeItZone staff and/or guest presenters for the purposes of safety and/or learning success.

Signed: _____

Date: _____

MIZ Staff Witness: _____

Date: _____