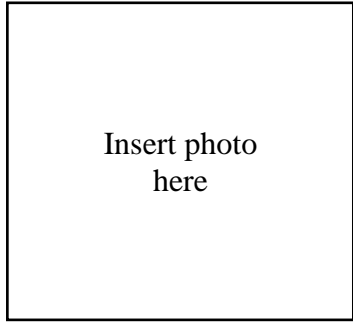




**BRIGHTON RECREATIONAL CENTRE**  
**SCHOOL HOLIDAY PROGRAM**  
**MEDICAL MANAGEMENT PLAN**



Child's Full Name: \_\_\_\_\_

Child's Date of Birth:            /            /

Child's Medical Condition:


Action to be taken in the event of symptoms being evident:


Child's Doctor: \_\_\_\_\_ PH: \_\_\_\_\_

Parent Name: \_\_\_\_\_ PH: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_