Health Information Form

This information is collected in case transport to a hospital is necessary and will be used solely for medical purposes.

Participants'sName:_____

Date of Birth:_____ Sex(M/F):_____ Age:_____

Address:_____City:_____

Prov.:_____ Postal Code:_____ Phone # :_____

Name of Parent/Guardian (if under 18)_____

Emergency Contact Name: _____

Emergency Contact Phone # : _____

Family Doctor Name and Phone Number:_____

Medical Plan Number & Province (i.e. BC Care Card):_____

Out of province, please ensure you have adequate medical coverage.

Health Information

Please list any allergies you may have:

Please list any medications that you are currently taking:

Please list any recent illnesses, operations, or injuries:

Other Health Issues (please check those that apply)

□Asthma
□ Behavioral Issues
□ Seizure Disorders
□ Diabetes
□ Eating Disorders
□ Vision Difficulties
□ Frequent Colds/Sinus Trouble
□ Headaches

□ Hearing Limitations
□ Heart Disease/Defect
□ High Blood Pressure
□ Low Blood Pressure
□ Skin Condition
□ Urinary Tract Infection
□ Physical Limitation _____
□ Other_____

Medical Permission Statement:

Every attempt will be taken to contact the parent/guardian in the event of an emergency. In case of an emergency, you hereby give your permission to have anesthetic, blood transfusion, or necessary surgery (stitches, etc) administered to your child, under suitable medical supervision, (i.e. hospital) in case an emergency should arise and acknowledge that you accept financial responsibility in the event that your child is transported to the nearest medical facility (i.e physicial costs, ambulance, etc.) And give permission to administer Tylenol to your child in the case of headaches or muscle aches from such things as growing pains, etc.

Anaesthetic	Yes □ No □
Blood Transfusion	Yes □ No □
Surgery	Yes □ No □
Tylenol/Advil	Yes □ No □

X_____

Signature of Participant or Parent/Guardian

X_____

Date Signed