

PERSONAL HEALTH FORM

The information on this form may be used by the designated representatives of All Saints' Church or medical personnel to administer or authorize appropriate health care or medical attention for the participant: and to obtain your permission on who may pick-up your child. You may be asked to update this form periodically. Please initial any changes that you may make on this form.

Name: _____
Last name First Name

Birth date: _____ Age: _____ Height _____ Weight _____
Year/month/date

Address: _____
Complete address include postal code

Parents' Names: _____

Address: _____
If different than above

Phone: Home _____ Business: _____

Cell: _____

IF THE ABOVE ARE UNAVAILABLE IN AN EMERGENCY, please notify:

1. _____ phone #
Name Address

2. _____ phone #
Name Address

1. family doctor _____ Phone _____

2. Prov. Health insurance number (opt) _____

3. The activity/event/camp may include swimming, hiking, boating, sports, etc. Does the participant have any physical, cognitive, emotional or behavioural limitations/challenges that would require assistance and/or other modifications to the program to enable her/him to participate fully? Yes ___ No ___ If yes, please state particulars: on back >

4. Do you have any special instructions for staff regarding the participants' health care and/or diet? Yes ___ No ___

If yes, please state particulars:

If the participant has allergic reactions to such things as food, insect stings, etc. Please complete the following:

Allergy to: _____ Life-threatening
Yes ___ No ___

Are there any medications that your child should carry themselves? (e.g. asthma pump, Epi-pen) Yes ___ No ___ If yes, please specify:

I hereby authorize a representative of All Saints' to secure such medical advice and services (e.g. EMS) as may be deemed necessary for the health and safety of myself or child during activities.

Parent's Signature or participant's if over age of majority

Date