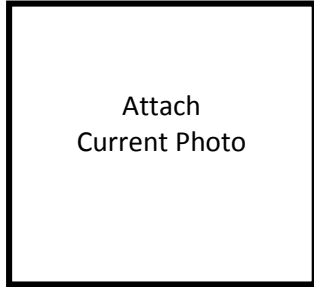


Participant Medical Information Form - Appendix 363B

All the information received is confidential and is being gathered for the purposes of caring for your child.



Name _____
Birthday _____ Gender M F
dd/mm/yy

Primary Address _____
City _____ PC _____

Parent/Guardian and Emergency Contact Information (check all that apply)

In Case of Emergency, contact: Mother/Guardian #1 Father/Guardian #2 Alt Contact

Mother/Guardian #1

First Name _____ Surname _____
Primary Contact No _____ Secondary Contact No _____

Father/Guardian #2

First Name _____ Surname _____
Primary Contact No _____ Secondary Contact No _____

Alternate Contact

First Name _____ Surname _____
Primary Contact No _____ Secondary Contact No _____

Medical Information

Name of Family Doctor _____
Phone Numbers of Doctor _____

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? Yes No

If yes, please explain _____
Treatment for Condition _____

Does your child have any allergies? Yes No

If yes, list allergies _____
Treatment for Allergies _____

Please list medication your child is bringing

PLEASE NOTE: Written instructions and a current colour picture must be attached and given to the leader by the parent/guardian for EpiPens and asthma puffers as participants may be required to carry these on their person. See additional Release Form for EpiPen – Appendix 363E.