

## SKAHA ROCK ADVENTURES LTD. - MEDICAL INFORMATION FORM

The purpose of this form is to properly prepare the Guides of the program for your own safety. Information revealed on this form will be considered confidential and it will not be used to necessarily deny the student access to all of our programs.

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ M/F \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PHONE \_\_\_\_\_

### EMERGENCY CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL INSURANCE PLAN \_\_\_\_\_

HEALTH /CARE CARD # \_\_\_\_\_ Ht \_\_\_\_\_ Wt. \_\_\_\_\_

PHYSICAL CONDITION \_\_\_\_\_

KNOWN ALLERGIES (anaphylactic to bees, foods, medications, etc.)

\_\_\_\_\_

DO YOU CARRY AN ANAKIT / EPIPEN? \_\_\_\_\_ MEDIC ALERT \_\_\_\_\_

DATE OF LAST TETANUS INOCULATION \_\_\_\_\_

MEDICATIONS YOU MAY BE TAKING WHILE ON THIS PROGRAM \_\_\_\_\_

\_\_\_\_\_

CHRONIC ILLNESSES (asthma, diabetes, blood pressure, etc.) \_\_\_\_\_

\_\_\_\_\_

IF YOU SUFFER FROM ASTHMA, DO YOU USE OR CARRY AN EXTRA INHALER AND OR USE MEDICATIONS?

\_\_\_\_\_

HISTORY OF JOINT INJURY \_\_\_\_\_

CONTACT LENSES? \_\_\_\_\_ DO YOU HAVE ANY PHYSICAL LIMITATIONS? \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF PARTICIPANT** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

**DATE** \_\_\_\_\_

