

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 # _____

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 _____

HAVE YOU BEEN UNDER A DOCTOR'S CARE IN THE LAST 12 MONTHS? _____

EXPLAIN _____

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 _____