PARTICIPANT HEALTH/MEDICAL FORM
(Please fill out a separate form for each child that you are registering, thank you.)

Child's Full Name:	Program(s): ☐ Summer Fun (6-9) ☐ Extreme Adventures (9-14)	Reg #:

Known Conditions: Does the child have any medical, physical or other challenges that we should know about? Please check all that apply: ☐ Recent illness or injury ☐ Recent hospitalization or surgery ☐ Recent contact with any communicable disease ☐ Physical disabilities or limitations ☐ Hip, knee, ankle, shoulder, arm or back injury or any other joint problems ☐ Eye, ear, or throat problems ☐ Asthma ☐ Diabetes ☐ Serious fears (e.g., the dark, water, dogs), ☐ ADD, ADHD or other behavioral conditions that may require extra supervision ☐ Learning conditions ☐ Other condition(s) that may affect participation in the activity:	Please provide additional detail regarding any checked items:

What sort of things might your child need assistance with? How can we help your child be more comfortable while participating in our programs?

Emergency Contacts:
In the event of an accident, illness or other emergency, if the parent(s)/guardian(s) are not available by phone, your emergency contacts are:

Emergency Contact #1

Name: _____ Phone: (H) _____ (W) _____ (C) _____

Emergency Contact #2

Name: _____ Phone: (H) _____ (W) _____ (C) _____

Allergies:
Does the child have any allergies (e.g., specific drugs, certain foods, insect stings, hay fever, grass, pollen, animals, other)? ☐ Yes ☐ No

Specify: _____

My child carries a(n): Inhaler ☐ Yes ☐ No EpiPen ☐ Yes ☐ No

Knows how to use his/her: Inhaler ☐ Yes ☐ No EpiPen ☐ Yes ☐ No

By signing below, I acknowledge that the information included above is accurate and complete to the best of my knowledge.

_____	_____	_____
Print name: Parent/Guardian	Signature of Parent/Guardian	Date:

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP) NOTICE

The information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIP). The FOIP Act regulates the collection and disclosure of personal information. The privacy of personal information requested in this form is protected by the FOIP Act and is collected for the sole use of the Town of Peace River.