

DALHOUSIE CHILDREN AND YOUTH PROGRAM/CAMP - APPENDIX B

Supplemental Information - Medical Form

Names of Parents or Guardians:

Address:

Email:

Phone Numbers (Home): (Work): (Cell):

Child's Health Card Number Expires (mm/dd/yyyy)

If parent or guardian is not available in an emergency, notify (Relationship to participant):

(Home): (Work): (Cell):

Does your child have any allergies? Yes No

If yes, please explain:

Does your child have any health concern (i.e. asthma, diabetes, developmental and/or physical disabilities, mental health concerns, traumatic past, etc.) Yes No

If yes, please explain:

Please list below any medications which may need to be taken that should be known in the event of a medical emergency.

Describe procedures for administering medication(s):

Other comments or suggestions we should be aware of:

MEDICAL TREATMENT AUTHORIZATION:

I further understand that, in the event my child requires medical or dental treatment while engaged in activities with the program reasonable efforts will be made to contact a parent or guardian; however, if a parent or guardian cannot be reached, I hereby consent and give permission to the director, officer, employee, or volunteer acting on behalf of the program as agent for me, to consent to any X-ray examination, injections, anesthesia, medical, dental or surgical diagnosis and treatment, and hospital care and treatment advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the law of the province where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my and my children's medical allergies, medications being taken, medical problems and other pertinent information. If there are any changes, I will notify the staff and/or director of the program. This WAIVER OF LIABILITY AND RELEASE AND MEDICAL INFORMATION FORM is effective throughout the program for which my child is registered and may not be revoked, altered, amended or avoided at any time.

Parent Name: Date:

Signed: