

Child Medical Information Form

Participants Full Name (first & last)	Birth date (mm/dd/yyyy)	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Age at Program
Address	Home Phone #	Health Card # (must be provided)	
City & Province	Postal Code	Local Contact Info (if applicable)	
Parent (1) Name (first & last)	Home Phone #	Business/Cell Phone #	
Parent (2) Name (first & last)	Home Phone #	Business/Cell Phone #	
Emergency Contact Person (other than parents)	Phone #	Relationship	
	Phone #		
Legal Custody <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Other Guardian _____ (relationship)	Doctor's Name	Phone #	
Advice about habits, physical or emotional needs: We want all of our participants to have a positive experience. Please include any details which apply to the sections below. The more information you are able to provide, the better we are able to meet the specific needs of your child. For any specific problems of a confidential nature, please include a separate letter to the Recreation Coordinator marked "Confidential".			
Check if applicable: <input type="checkbox"/> Child requires additional assistance due to special needs <input type="checkbox"/> Child has an assigned assistant working with them in the school system <input type="checkbox"/> You require consultation with the coordinator regarding your child's participation Please provide more detail:		FAMILY In the past year have there been any changes in the family relationship? <input type="checkbox"/> birth <input type="checkbox"/> marriage <input type="checkbox"/> death <input type="checkbox"/> separation <input type="checkbox"/> divorce <input type="checkbox"/> none	
Does your child easily make friends with: <input type="checkbox"/> own age <input type="checkbox"/> younger <input type="checkbox"/> older <input type="checkbox"/> adult	EATING HABITS <input type="checkbox"/> Vegetarian <input type="checkbox"/> Fussy <input type="checkbox"/> Vegan <input type="checkbox"/> Food Allergy <input type="checkbox"/> Dietary Restrictions		
Is your child: <input type="checkbox"/> eager to attend <input type="checkbox"/> urged by parent to attend	List food allergies: _____ List dietary restrictions: _____		
MEDICAL Does your child require special medical attention? <input type="checkbox"/> asthma <input type="checkbox"/> allergies <input type="checkbox"/> other: _____ **If your child has a SEVERE ALLERGY, please ask for the Anaphylaxis Data Sheet and Action Plan		<input type="checkbox"/> Epileptic - please elaborate as to type, frequency, any factors likely to cause seizure, and the effectiveness of medication: <input type="checkbox"/> Diabetic - if yes, please indicate any special diet:	

Has this person received a TETANUS IMMUNIZATION? Yes No (Applies to Pacific Sport Programs)

MEDICATIONS: if applicant is under medication, please list below:		
GENERIC NAME	DOSAGE	TIME GIVEN

Please list any precautions or physical limitations that may affect yours or your child’s enjoyment and learning i.e. joint problems, previous injuries, etc. If you have any other information that may be of assistance to the instructor, we would appreciate that you would inform us:

Consent

I, _____ do hereby declare that I am the parent or legal guardian of the above participant, and hereby consent that they may be a participant in the above program. I certify that this document is true and accurate and I agree to advise the Penticton Recreation Department and PacificSport, in writing, of any change in the medical condition of this child/person. I understand unless the Penticton Recreation Department and PacificSport hears from me otherwise, they will assume that all medical information is unchanged from the date of this agreement.

Signature of parent/guardian

Date

Personal information collected on this form is collected for the purpose of processing this application and for administration. It is collected under the authority of the Municipal Act, R.S.B.C. 1996, c323 and the Freedom of Information and Privacy Act R.S.B.C. 1996 c165 and is necessary for the operation of PacificSport programs and related activities.