

Notes to parent / guardian

1. The information on this form is for the sole use of Excellence Ringuette and may be used by its' representatives or medical personnel to administer or authorize appropriate health care or medical attention for the participant, if needed.
2. You may be asked to review and update this form periodically throughout the year.

Last Name: Given Name

Birth Date: Height: Weight:

Medicare Card:

Contact Information of custodial parent or guardian:

Last Name: Given Name:

Home Phone:

Business Phone:

Cell Phone:

If the above are unavailable in an emergency, please notify:

1. Last Name: Given Name:

Relationship to participant:

Home Phone:

Business Phone:

Cell Phone:

2. Last Name: Given Name:

Relationship to participant:

Home Phone:

Business Phone:

Cell Phone:

Family Doctor: Phone:

1. Does the participant have any physical, cognitive, emotional or behavioural limitations or challenges that would require assistance and / or modifications to the program to enable her to participate fully? Yes: No:

If yes, please explain:

2. Do you have any special instructions for staff regarding the participants health care and/or diet? Yes: No:

If yes, please explain:

3. Does the participant have any allergic reactions to things such as food, insect stings, etc..? If so, please complete the following:

Allergy	Life Threatening	Yes:	No:
<input type="text"/>	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
<input type="text"/>	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
<input type="text"/>	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>

Medical information

4. Does the participant have any chronic conditions or recent illnesses of which the staff should be aware?

5. Please provide details of any medications that the participant will bring with her as required for the above-mentioned conditions:

6. Are there any medications that the participant should carry themselves (ie. Asthma pump, Epi-Pen?)

Yes (provide details):

No:

7. Does the participant have any recent sports injuries that the instructors should be aware of?

Yes (provide details):

No:

Note that every care and attention will be given to the health and comfort of the participant

I hereby authorize an Excellence Ringuette representative to secure such medical advice and services (ie. contacting EMS or ambulance) as may be deemed necessary for the health and safety of my daughter. I agree to accept financial responsibility in excess of the benefits allowed by my provincial / territorial health plan.

Signature:

(signature of parent in case of a minor)

Date: