

PERSONAL HEALTH FORM

Note to Parent/Guardian

The information on this form may be used by BCAQ representatives or medical personnel to administer or authorize appropriate health care or medical attention for the participant, if needed. You may be asked to review and update this form periodically throughout the year. By signing this form you authorize photocopies to be made of this form. Copies are kept with the chaperone and on the athletes when traveling for emergency purposes only.

Name: _____
Last Name Given Name Birth Date

Address: _____
City Province Postal Code

Phone: _____
Home Business/Cell Height Weight

Contact Information of Custodial Parent or Guardian:

Name: _____
Last Name Given Name E-mail

Phone: _____
Home Business/Cell

Address: _____
City Province Postal Code

In the event of an emergency, if I cannot be reached, the following person is hereby authorized to act on my behalf and has been notified that he/she has been granted this authority and may be contacted by a BCAQ representative".

Name: _____
Last Name Given Name Relationship

Address: _____
City Province Postal Code

Phone: _____
Home Business/Cell

Family Doctor: _____ Phone: _____

Allergies or other medical information pertinent to registrant? If none, indicate "none".

_____ **Care Card Number**
Has this person menstruated? Yes No If not, has she been told about it? Yes No

Is the participant subject to any of the following? Arthritis__ Convulsions__ Motion Sickness__

Respiratory ailments__ Ear trouble__ Nightmares__ Headaches__ Sleepwalking__ Other-please specify
(If more room is needed, please continue on reverse)

Are there any chronic conditions or recent illnesses of which the Coach should be aware. Please provide details of treatment required and name of medications she will be bringing with her if required for the above mentioned condition(s).

_____ continue on reverse

Are there any medications that your child/ward should carry themselves? (eg. asthma pump, Epi-pen)

_____ continue on reverse

Does your child have any challenges or learning difficulties that the coach should be aware of. Please explain.

_____ continue on reverse

N.B Every care and attention will be given to the health and comfort of the participant. I hereby authorize a BCAQ representative to secure such medical advice and services (eg., contacting EMS/ambulance as may be deemed necessary for the health and safety of my daughter (or ward) during activities. I agree to accept financial responsibility in excess of the benefits allowed by my provincial health plan:

_____ Date: _____

Signature of Participant (or custodial parent/guardian if participant is under provincial age of majority. This form is valid for one year.