

HeLa Ventures Adventure Education Centre
MEDICAL FORM 2007

This form is to be filled out by the participant, and returned to HeLa Ventures program leader, or to your teacher.

Name of Program/School _____ Date of Program _____

Name _____ Age _____ Gender _____

Home Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Provincial Health Care Number _____ and/or Blue Cross _____

And/or Insurance Co. Name and Number _____

Name of Family Doctor _____ Phone _____

In an emergency, notify:

1. Name _____ Phone (day) _____ (night) _____

Address _____ Relationship _____

2. Name _____ Phone (day) _____ (night) _____

Address _____ Relationship _____

HEALTH HISTORY

Have you recently been in contact with a communicable disease? _____

If yes, which disease _____ and when? _____

Do you have any knowledge of past/present medical conditions of:

Epilepsy _____ Convulsions _____ Asthma _____

Diabetes _____ Skin Disorders _____ Heart Conditions _____

Sleep Walking _____ Chronic Headaches _____ Ear Infections _____

Other _____

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever, animals)

Specify: _____

Reaction to above? _____

Carries Epi Pen?

Yes No

Carries Ana Kit?

Yes No

PLEASE TURN OVER

Medical/Physical Conditions that may affect participation in the program/activity (e.g., recent illness or injury, chronic conditions, emotional/behavioural state, phobias, etc.) Specify the condition(s) and requirements for program modifications or specific activities your child should not participate in: _____

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such): _____

Medications must be clearly labelled and in original containers with instructions as to the dosages and the time drugs must be administered. Please supply only enough for the days of the program.

Other Health/Medical/Dietary Concerns: _____

AUTHORIZATION

This health form is correct so far as I know, and the applicant herein described will participate in all camp activities, except as noted by me. In an Emergency, I hereby give permission to the physician selected by HeLa Ventures to hospitalize, secure proper treatment from, and to order injections, anaesthesia or surgery for the applicant named. I agree to pay for charges not covered by my medical plan, i.e. medications, ambulance ride, etc.

Form completed by _____ Signature _____

Date _____

For Field School/School Programs, Please Return Forms to your Teacher.

HeLa Ventures Adventure Education Centre
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