

Medical History and Information Form

Recreation Services

The information on this medical form is essential safety information for the recreation centre and our staff. Accurate information gives staff the ability to assure that they understand your child so that they may achieve the program's goals of an environment that is safe, fun and educational. This information gives staff the ability to be sensitive to the various needs of participants and able to facilitate a better learning environment. All information collected on the medical form will remain confidential.

Name: _____ Age: _____ Birth Date: _____

Program Name and Dates: _____

Home Address: _____

BC Care Card #: _____

Parent/Guardian: _____ Phone (home): _____

(work): _____

(cell): _____

Emergency Contact: _____ Phone #: _____

Relationship: _____

Family Physician's Name: _____ Phone #: _____

- Does your child have a history of the following? Please indicate how the problems affect your child, the symptoms and what factors contribute to their onset.

Condition	Yes	No	Describe
Respiratory Problems			
Diabetes			
Hypoglycemia			
Allergies			
Behaviors			
Other			

- Are there foods that your child cannot have? (due to dental/health etc.)

- Please list medications prescribed to your child.

- Please list any medications, both prescription and non-prescription, that your child will be bringing with them. Include the names of the medications, reason for taking it, and dosage. **Instructors/leaders will not administer any medication.**

- Does your child wear...? Glasses ☐ Contacts ☐

Turn Over



6. **Swimming ability:** what level in swimming lessons has your child achieved? _____

If your child has not attended swimming lessons, what is their ability?

Swims like a: Fish ☐ Dog ☐ Rock ☐

7. Does your child have a care worker with them at school: Yes ☐ No ☐

If you have any additional information regarding your child's physical limitations or psychological behaviors please share it here or talk with one of the instructors/leaders. Please include the best way to work with your child if they have any limitations or behavioral issues, this will assist us in ensuring the program is a positive experience.

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***** We will be taking photos of children participating in the activities and programs that we may use for advertising publications. Please advise us if you do not want photos taken of your Child.**

Yes, it is OK to take photos of my child ☐

No, do not take photos of my child ☐

This information is confidential. It enables the staff to reduce the risk of injury or illness complications as well to prepare contingency plans in the event that an emergency does occur.

I have honestly disclosed all of the information requested; and I understand that withholding information may contribute to injury or illness complications and possibly compromise the care provided in the event of an emergency. If any of the above information changes prior to or during the programs I will immediately notify a staff member.

I, _____ am the legal parent/guardian of this participant and sign this waiver on his/her behalf.

Signature

Date