

LEAP Learning through Exploration, Activity and Play Medical History and Information Form

The information on this medical form is essential safety information for the recreation centre and the program leaders. Accurate information gives leaders the ability to assure that they understand your child so that they may achieve the programs goals of an environment that is safe, fun and educational. This information gives the 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: _____ Skate Size _____

Home Address: _____

BC Care Card # : _____

Parent/Guardian: _____ Phone (home): _____

(work): _____ (cell): _____

Emergency Contact: _____ Phone #: _____

Relationship: _____

Family Physician's Name: _____ Phone #: _____

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

2. 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.**

3. Child Release Authorization: These-people are allowed to pick up my child:

***** 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 instructors/leaders 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 program instructor/leader.

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

Signature

Date