

Health Information Form

Name of Participant: _____

Please list at least two persons to be called in case of an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Participant's Doctor: _____ Phone: _____

Sask. Hospitalization #: _____

Please list any of the following that organizers may need to know:

Allergies: _____

Medications: _____

Conditions: _____

Are there any medical problems that would prevent the participant from moderate physical activity? Yes / No. If so, please describe the condition.

Please list any dietary restrictions, allergies, preferences or special needs.
