

### HEALTH FORM

Fill in info. Parent/Guardian sign and date.

**Send form with participant to the event!**

**EVENT:** \_\_\_\_\_  
**DATES:** \_\_\_\_\_  
**LOCATION:** \_\_\_\_\_

Participant's Name as on health card \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Back-up Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance # \_\_\_\_\_ 9 Digit # (MB only) \_\_\_\_\_

If not covered by Manitoba or Ontario Health, list health insurance provider, and policy #.

\_\_\_\_\_

Names and dosage of medications (including inhaler or epi-pen) that the participant will be bringing to take over the weekend: (if more space needed, use back of page)

Medication name: \_\_\_\_\_

Dosage and frequency: \_\_\_\_\_

Additional instructions: \_\_\_\_\_

Self-Administered ☐ OR Administered by an adult ☐

If necessary, my child may be given: Tylenol \_\_\_\_ Advil \_\_\_\_ other: \_\_\_\_\_

Additional Medical Information (Allergies, Etc.) that a health care provider would need to know if giving emergency treatment.

\_\_\_\_\_

\_\_\_\_\_

With this signature, I agree that the above information is correct.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### PRIVACY ACT INFORMATION

*"The United Church of Canada is committed to protecting the privacy of personal information. Personal information is collected, used, maintained and disclosed in compliance with The United Church of Canada Privacy Policy and applicable federal and provincial privacy legislation including, but not limited to, The Personal Information Protection and Electronic Documents Act."*