



Participant's Medical Information Form

Please fill in this information form so we have a copy on file. You do not need to fill this in if we already have a copy in our records (completed more recently than Aug 2017).



You may also fill out this form on our website under the menu option Contact Us > Participant Medical Information. ([link](#))

A * star next to the field indicates a required field.

Personal Information

Participant's name:* FIRST _____ LAST _____

Date of birth:* _____

Participant's age group (check one):*

- Child (< 13) Teen (13-18) Adult (19+)

Street Address: _____

City: _____ Province: _____ Postal code: _____

Email:* _____ Phone:* _____

Do you give permission to the Gabriola Recreation Society (GRS) to use photos of the event taken by GRS to be used in print form?*

- Yes No

Do you give permission to the Gabriola Recreation Society (GRS) to use photos of the event taken by GRS to be used on the GRS website?*

- Yes No

Medical Information

Medical Card Number:* _____

Family Doctor:* _____

Family Doctor Phone Number:* _____

Emergency Contact #1 (Parent/Guardian):*

FIRST _____ LAST _____

Emergency Contact #1 Home Phone:* _____

Emergency Contact #1 Work Phone: _____

Emergency Contact #2:*

FIRST _____ LAST _____

Emergency Contact #2 Home Phone:* _____

Emergency Contact #2 Work Phone: _____

Identify any allergies, medical conditions, medications or disabilities the instructor should be aware of. Please be aware that Instructors WILL NOT ADMINISTER MEDICATIONS. This information is confidential and will only be used in the case of an emergency.

Parent / Guardian Signature:* _____