



# Gabriola Recreation Society

Box 355, Gabriola, V0R 1X0 (250) 247-2014

ADULT FORM

## 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

Family Doctor:\* \_\_\_\_\_

Family Doctor Phone Number:\* \_\_\_\_\_

Emergency Contact:\*

FIRST \_\_\_\_\_ LAST \_\_\_\_\_

Emergency Contact Home Phone:\* \_\_\_\_\_

Emergency Contact 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.

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Participant Signature:\* \_\_\_\_\_