

# Solstice Recreation and Safety Group – Medical Form

The following information is used to identify any medical related condition and contact information for each participant. Each participant must fill out the required information in order to participate in Solstice Recreation and Safety Group programming. The information that you provide is strictly confidential and is returned at the completion of your program.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ BC Medical #: \_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

Allergies ? \_\_\_\_\_ yes \_\_\_\_\_ no If so please detail Allergies \_\_\_\_\_

Do you carry an Epi-Pen for these Allergies? \_\_\_\_\_ yes \_\_\_\_\_ no Can you swim ? \_\_\_\_\_ yes \_\_\_\_\_ no

Please check if any of the following apply to you:

\_\_\_\_ Asthma \_\_\_\_ Glasses \_\_\_\_ Angina \_\_\_\_ Seizures \_\_\_\_ Diabetes \_\_\_\_ Pregnant \_\_\_\_ Back Pain

Any other medical related issues that Solstice Recreation and Safety Group should be made aware of:

\_\_\_\_ yes \_\_\_\_ no. If yes please explain \_\_\_\_\_

## Emergency Contacts:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Medical Treatment Consent:** “While my underage child / youth is participating in Solstice Recreation and Safety Groups programs, I hereby give permission for Solstice Recreation and Safety Group staff to provide treatment, and if needed to arrange medical transportation for them”.

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Full Name