

# ADULT HEALTH AND REGISTRATION FORM

## A. PERSONAL INFORMATION *(please print)*

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_ Sex: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date (Y-M-D): \_\_\_\_\_ Health card no. (recommended): \_\_\_\_\_

Home address: \_\_\_\_\_

City, postal code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## B. EMERGENCY CONTACT IN CASE OF ILLNESS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Family doctor's name: \_\_\_\_\_ Doctor's phone: ( ) \_\_\_\_\_

## C. PERSONAL MEDICAL CONDITIONS AND SPECIAL NEEDS *(attach further information if necessary)*

1. Do you have any allergies?\*( check ✓ for 'yes')

Insect  Plant  Food  Drug  Other

If you have checked ✓ any of the above, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

2. Do any of the following medical conditions apply to you? (check ✓ for 'yes')

Diabetes  Rash  Asthma  Epilepsy  Heart condition  Recent illness/operation  
 Contact lenses  Other

If you have checked ✓ any of the above, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

3. Will you be on medication while at the Field Centre? (If yes, please describe.)

\_\_\_\_\_

4. Describe any food restrictions that you have (e.g., religious, vegetarian, etc.).

\_\_\_\_\_  
\_\_\_\_\_

**\*Note: Participants with anaphylactic conditions must be accompanied with two epipens.**

## D. VISITING INFORMATION

**Location: Claremont Field Centre**

School/group: \_\_\_\_\_ Date of visit: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The above information is collected under the Conservation Authorities Act. It will be held in confidence during your stay at the Field Centre and returned*

*after the visit. If you have any questions regarding the collection and use of this information, please contact the Field Centre supervisor.*