

# ADULT HEALTH AND REGISTRATION FORM

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

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

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

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: Lake St. George Field Centre**

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

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

*The above information is collected under the Municipal Freedom of Information and Protection of Privacy Act. If you have any questions regarding the collection and use of this information, please contact the field centre supervisor.*