

# LTW – After School Program and Teen Intramurals!



## Medical Information Form

We ask that you complete the information below completely and carefully. Staff rely on this information daily to ensure the safety and security of your children and to perform first aid treatment when and if necessary during program hours.

### Part A: CONTACT INFORMATION

Participant Name:	DOB:	Age:	Gender:
Doctor's Name:	Phone Number:	Health Card #:	
<u>EMERGENCY CONTACT</u>			
Name:	Phone:	Relationship:	

### Part B: MEDICAL INFORMATION

Please complete each question fully:

1. Does the participant have any medical conditions or take any medications that we should be aware of (ex. asthma, ADHD)? If yes, please outline below.

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2. Please list any allergies (include those to food, medications, environment etc.):

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3. Please list any family information or special instructions that should be known:

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

\_\_\_\_\_  
Parent/Guardian Printed

\_\_\_\_\_  
Date





**PART C: MEDICAL RELEASE**

In the event that my child \_\_\_\_\_ is injured, ill or in need of medical attention, I authorize the LTW – After School Program and Teen Intramural staff or agents to seek medical attention and/or admit my child to hospital if I am unable to be contacted or am otherwise unable to respond. I give permission to program staff to drive my child in their personal vehicle in the case of an emergency. I am unable to hold the Hamlet/Municipality, Government of Nunavut, Recreation and Parks Association of Nunavut or any other partners responsible for any issues as a result of COVID19.

\_\_\_\_\_  
Parent/Guardian Signature                      Parent/Guardian Printed                      Date

**PART D: PARENT/GUARDIAN CONSENT**

Your child will be involved in a number of activities as part of this program. These activities may include, but are not limited to, walking, running, swimming and other sports. While all programs are supervised by trained staff who instruct participants in safety, your child may still get injured, or your child's property may be damaged, as a result of participating in the program. Knowing and understanding the program, activities and risks, you freely agree to allow the participation of your child in the program. I am unable to hold the Hamlet/Municipality, Government of Nunavut, Recreation and Parks Association of Nunavut or any other partners responsible for any issues as a result of COVID19.

\_\_\_\_\_  
Parent/Guardian Signature                      Parent/Guardian Printed                      Date

**PART E: OTHER**

Please include any additional information you wish to share that is not included in the sections above:

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\_\_\_\_\_