



CITY OF SURREY
PARKS, RECREATION AND CULTURE DEPARTMENT
B: MEDICAL DISCLOSURE FORM (CHILD)

Please PRINT all information and fill out completely

Personal information contained on this form is required for the operation of the Program and is collected under Section 26(c) of the Freedom of Information and Protection of Privacy Act. The information is kept confidential.

This form must be completed and submitted in order for your child to participate.

A. PERSONAL INFORMATION:

Participant's Name: _____

Program Name: _____

Activity: _____ Course No. _____

Start Date: _____ End Date: _____

Telephone: _____ Birth Date: _____

Name of Parent/Guardian: _____

In case of emergency, please contact:

Parent/Guardian/Other Name and Relationship	Other Contact Name and Relationship	Other Contact Name and Relationship
_____	_____	_____
_____	_____	_____
Home Phone _____	Home Phone _____	Home Phone _____
Emergency Phone _____	Emergency Phone _____	Emergency Phone _____

B. MEDICAL INFORMATION:

Doctor's Name: _____ Phone No: _____

Care Card No: _____ Dependent No: _____

(Please explain answers fully)

- Does the participant have any medical conditions or take any medications that we should know about? (e.g. asthma) If yes, you must complete an "Administration of Prescribed Medication" form.
 Circle one: YES NO

2. Does the participant have any allergies (include those to food, medication, environment)?

3. Does the participant have any allergies or sensitivity to sunscreen? Circle one: YES NO

4. Does the participant have any fears that leaders should be aware of (e.g. water, bees)?

5. Please list any family information or special instructions that the instructor should be aware of:

Signature of Parent/Guardian

Date

C. MEDICAL RELEASE:

In the event that my child _____ is injured, ill or in need of medical attention, I authorize the City of Surrey staff or agents to seek medical attention and/or admit my child to hospital if I am unable to be contacted or otherwise unable to respond.

Signature of Parent/Guardian

Date

D. PICK UP AUTHORIZATION:

The following individuals are authorized to pick up my child at the end of this class. My child will only be released to the individuals listed below. Identification may be required.

1.	_____	_____
	Authorized Person	Relationship to Child
2.	_____	_____
	Authorized Person	Relationship to Child
3.	_____	_____
	Authorized Person	Relationship to Child

Signature of Parent/Guardian

Date