

POLISH SCOUTING ASSOCIATION IN CANADA (ONTARIO) INCORPORATED

HUFIEC "KARPATY/OGNIWO/PIENINY" - EMERGENCY/ PERSONAL HEALTH FORM

PERSONAL INFORMATION

Participant's Name: _____ Birth Date: _____
Surname Given Name Year Month Day

Participant's Address: _____
No. Street Apt No. City Province Postal Code

Participant's Telephone: _____

Mother's or Guardian's Name: _____
Surname Given Name

Mother's or Guardian's Address: _____
(if different from Above) No. Street Apt No. City Province Postal Code

Father's or Guardian's Name: _____
Surname Given Name

Father's or Guardian's Address: _____
(if different from Above) No. Street Apt No. City Province Postal Code

EMERGENCY TELEPHONE NUMBERS

Parent's or Guardian's Name: _____ Home Telephone: _____
Surname Given Name Business Telephone: _____

Parent's or Guardian's Name: _____ Home Telephone: _____
Surname Given Name Business Telephone: _____

Family Doctor's Name: _____ Telephone: _____

RELATIVE OR PERSON TO BE NOTIFIED IF PARENTS CANNOT BE REACHED

Name: _____ Home Telephone: _____
Surname Given Name Business Telephone: _____

Relation to Participant: _____

HEALTH INSURANCE

Ontario Health Card Number: _____ Name on Card: _____
OR (as it appears)

Other Hospital Insurance: _____
(name & numbers)

ALLERGIES / ASTHMA

List any allergies such as food, insect stings, drugs, etc. Clearly explain asthma symptoms. If reaction is severe, please make certain that the severity of the reaction is clearly indicated. If more space is required to explain the medical concern, attach the explanation on a separate piece of paper.

Allergy/Asthma	Rate Severity		Specific Type of Reaction	Usual Treatment
	mild	severe		
_____	1	2 3 4 5	_____	_____
_____	1	2 3 4 5	_____	_____

DIETARY RESTRICTIONS

List any foods the Participant should not eat for medical reasons. If foods are life threatening, explain the symptoms.

MEDICAL CONDITIONS

Please check off any life threatening conditions, physical limitations or any other concerns which might affect participation in the program. Please give details of usual treatment.

