Medical Information Form

FOR OFFICE USE ONLY: (dd/mm/yy) (dd/mm/yy)

Date Received: _____/_____/_____ Date Processed: _____/_____/_____ Processed By: _____

PERSONAL INFORMATION

NAME OF PARTICIPANT:	**HOME PHONE NO.:**
DISABILITIES:	
MEDICAL CONDITIONS:	
ALLERGIC TO:	**USES EPI PEN:** ☐ YES ☐ NO
ALLERGIC TO:	**USES EPI PEN:** ☐ YES ☐ NO
ALLERGIC TO:	**USES EPI PEN:** ☐ YES ☐ NO

☐ I agree that the above information is correct.

☐ I understand it my responsibility to update the Community Services Department regarding any changes to the above information.

PARENT/GUARDIAN NAME: _____ **DATE:** _____

DISABILITIES / MEDICAL CONDITIONS / LIFE-THREATENING ALLERGIES

In order to best support all participants' needs while participating in recreation programs, the Community Services Department requests information about participants' disabilities, medical conditions and life-threatening allergies. Personal information on this form is collected under the authority of the *Municipal Act, 2001, S.O. 2001, C.25* and will be used for the purpose of program registration and administration. Inquiries regarding this collection should be directed to the Office of the Clerk at **905-771-8800**.

Please submit a copy of this form for each member of your family who has a disability, medical condition or life-threatening allergy.

Richmond Hill's Internet and phone registration systems do not provide a method to indicate or update client information. Should your information change at any time, a new copy of this form must be filled out and submitted to the Community Services Department.

This information will remain in our system for future registrations.