# Participant Medical Information

Information on this form will only be accessible by men on the medical team. The information will also be used to ensure activities being planned will keep every man safe. Questions? Please contact Rob (paramedic) at **rsouthcott@shaw.ca or 604 414 8910**

## Personal Information:

Name:_____Date of Birth_____ Age ___ Email:

Phone □ Cell: _____ □ Home: _____ Personal Health Number_____

Significant Health Issues (Medical History)

Prescribed Medications

Allergies

Comments

## Emergency Contact Information

Name: _____ Relationship to participant _____

Phone □ Cell: _____ □ Home:

□ I will inform staff of any medical conditions that may affect my health during the activities

| Participant name (printed) | Participant Signature | Date |
|---|---|---|

Send forms to rhinoofbalance@gmail.com or fill out online at thorswarriors2018.weebly.com