

# ADULT HEALTH AND REGISTRATION FORM

## A. PERSONAL INFORMATION *(please print)*

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_ Sex: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date (Y-M-D): \_\_\_\_\_ Health card no. (recommended): \_\_\_\_\_

Home address: \_\_\_\_\_

City, postal code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## B. EMERGENCY CONTACT IN CASE OF ILLNESS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Family doctor's name: \_\_\_\_\_ Doctor's phone: ( ) \_\_\_\_\_

## C. PERSONAL MEDICAL CONDITIONS AND SPECIAL NEEDS *(attach further information if necessary)*

1. Do you have any allergies?\*( check ✓ for 'yes')

Insect     Plant     Food     Drug     Other

If you have checked ✓ any of the above, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

2. Do any of the following medical conditions apply to you? (check ✓ for 'yes')

Diabetes     Rash     Asthma     Epilepsy     Heart condition     Recent illness/operation  
 Contact lenses     Other

If you have checked ✓ any of the above, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

3. Will you be on medication while at the field centre? (If yes, please describe.)

\_\_\_\_\_

4. Describe any food restrictions that you have (e.g., religious, vegetarian, etc.).

\_\_\_\_\_  
\_\_\_\_\_

**\*Note: Participants with anaphylactic conditions must be accompanied with two epipens.**

## D. VISITING INFORMATION

**Location: Lake St. George Field Centre**

School/group: \_\_\_\_\_ Date of visit: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The above information is collected under the Conservation Authorities Act. It will be held in confidence during your stay at the field centre and returned after the visit. If you have any questions regarding the collection and use of this information, please contact the field centre supervisor.*