

MEDICAL PERMISSION FORM

First Name: _____ Last Name: _____

Parent/Guardian to be contacted in case of an emergency: _____

Parent/Guardian Phone: (_____) _____ - _____

Medical Coverage for the period of *Concours*:

- Provincial Health Insurance Insurance Number: _____
 Blue Cross Insurance Number: _____
 Other: Insurance Number: _____

I suffer from the following (check all that apply):

- Asthma
 Diabetes
 Migraines
 Heart Problems: _____ (please specify)
 Allergies: _____ (please specify)
 Others: _____ (please specify)

I must take the following medication(s) and/or follow certain recommendations (specify special instructions, frequency and any other relevant or important information pertaining to your health):

Name of Physician:

Physician Phone: (_____) _____ - _____

Special Nutritional Needs: _____

In case of an emergency where ambulance services are required, the cost of such services shall be assumed by the parent or guardian. The provincial/territorial medical insurance card must be produced whenever a participant is taken to hospital. The attending physician has the authority to accept or reject a photocopy of the card; if a photocopy is not deemed acceptable and the original is not available, the participant or the delegation shall assume the cost of treatment and subsequently seek reimbursement in his/her home province/territory.

Parent/Guardian Signature* _____ Date: _____

Participant Signature _____ Date: _____

**The signature of a parent or guardian is required for all participants under 18 years of age.*