Participant / Non-Participant Health Form

This form must be kept with you at all times during the games.

Name _____

Birthdate _____ Age_____

Address _____

City/Town _____ Postal Code _____

Region ☐ Cape Breton ☐ Central ☐ Fundy ☐ Highland ☐ South Shore ☐ Valley

Health Card Number _____ Expiry _____

Family Doctor _____ Phone: _____

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Medical Condition(s) (e.g. Diabetes)

_____

Allergies ☐ None ☐ Yes, please specify

_____

I have allergy medication with me ☐ Yes ☐ No

List current medication (s) and dosage

_____

I, the undersigned, consent to any necessary treatment and I give the above-named Nova Scotia 55+ Games Host Committee permission to transport me to the nearest medical facility. I understand that I will be solely responsible for any additional costs involved in transportation.

_____ _____

Signature Date (mm/dd/yyyy) signed

Please bring your Nova Scotia health card with you; Keep this form inside your name tag for the duration of the games