

NIAGARA ROBOTICS FIRST ROBOTICS TEAM MEMBER'S HEALTH INFORMATION FORM

The collection and retention of the information on this form is authorized and governed by the Ontario Freedom of Information and Protection of Privacy Act.

The following information will be helpful to the Team in keeping your child/ward healthy and safe.

Student Name:	_____			Date of Birth:	_____
Address:	_____				
School & Grade	_____			Ontario Health Number:	_____
Parent/Guardian Name:	_____				
Telephone Number:	Home:	Cell:	Business:		
Emergency Contact if parent/guardian not available:	Name:			Phone No:	
Family Doctor:	Name:			Phone No:	

Is your child/ward allergic to any foods or medications?	Yes ___	No ___	If yes please list all known allergens	_____	
Does your child/ward carry a medical alert bracelet or necklace?	Yes ___	No ___	If Yes what is written on it?	_____	
Does your child/ward carrying an Epi-Pen?	Yes ___	No ___	Does your child/ward carrying an inhaler?	Yes ___	No ___
Please list any medication or prescription drugs that your child/ward will be taking during Team activities					

Please list any foods your child/ward should not eat for health, dietary or religious reasons					

Please provide details of any other factors that might limit your child/ward's access to or participation in any Team activity:					

<p>Should it become necessary for my child/ward to require medical care, I hereby give Mentors of Niagara Robotics Association permission to use their reasonable best judgement in obtaining the most suitable medical care for my child/ward. I also understand that should this occur I will be notified as soon as possible.</p>	
Name of parent/guardian (Please print):	_____
Signature of Parent/Guardian:	_____
Date:	_____