

EMERGENCY INFORMATION

It's your responsibility to tell us of any changes to this information.

PERSONAL INFORMATION					
Date:		First Name:		Last Name:	
Unit #:	Street #:	Street Name:		RR or PO #:	
City:		Postal Code:		Home Phone No:	
Email:			Consent to receive emails <input type="checkbox"/>		Passport Funding <input type="checkbox"/>
Health Card Number:		Last Tetanus:		Preferred Hospital:	
Doctor's Name:		Doctor's Phone:		Doctor's Address:	
EMERGENCY CONTACT INFORMATION #1					
First Name:		Last Name:		Relationship to Participant:	
Unit #:	Street #:	Street Name:		RR or PO #:	
City:		Postal Code:	Work Phone No:		Home Phone No:
EMERGENCY CONTACT INFORMATION #2					
First Name:		Last Name:		Relationship to Participant:	
Unit #:	Street #:	Street Name:		RR or PO #:	
City:		Postal Code:	Work Phone No:		Home Phone No:
SPECIFIC HEALTH INFORMATION AND INSTRUCTIONS					
Allergies:					
Can you use Sun Block? <input type="checkbox"/> Yes <input type="checkbox"/> No; Insect Repellent? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Medical Conditions: (eg. Diabetes, Shunt, Epilepsy, Sleep Disorder)					
Complete the medication part below, even if you do not take medications while you are at Hutton House. If we need to take you to the hospital in an emergency, we take this information with us so that the best medical care can be provided to you. There is more room available on back if needed.					
Name of Medication:	Dosage:	Time Taken:	Reason:		
Any special instructions, additional health information/physical limitations: (eg. pain, tolerance, lifting, emotional limitations/stress)					

Participant Signature: _____ Date: _____

