



take a hike
YOUTH AT RISK FOUNDATION®

STUDENT MEDICAL FORM

Student Name:	Date of Birth:	Gender: M / F
Permanent Address:	Home Phone :	
	Work Phone:	
	Alternate Phone:	
Parent/Guardian Name:		
Parent/Guardian Email:		
Emergency Contact & Relationship:	Phone:	
Family Physician:	Phone:	
Participant's Swimming Ability: <input type="checkbox"/> Strong <input type="checkbox"/> Average <input type="checkbox"/> Weak		
Medical Insurance Information:		
Provincial Care Card #: _____		
Are you covered by private medical/hospital insurance? Yes___/ No _____		
Name of carrier: _____		
Carrier's Contact #: _____		
Insurance #: _____		
Please attach a copy of Medical Insurance card/plan		
In case medical care/prescription is not covered by insurance or if insurance coverage is not indicated, the participant will be billed directly for any health/hospital services.		



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Medical Permission Statement: To the best of my knowledge, the child herein described is in good health, free of communicable disease, and physically able to participate in all activities, except as noted above.

I understand that if I am not immediately available for consultation, emergency medical treatment for my child may be implemented as appropriate. I further understand that I may be billed directly with respect to the cost of medical services provided.

I certify that the above information is accurate, and that I concur with the statements as described

Signature: _____ **Date:** _____

Parent or Guardian