

MEDICAL FORM

March Break Madness 2017 at the Canada Games Complex

DAYS ATTENDING _____

NAME OF CHILD _____ SEX _____

ADDRESS _____

PHONE NO. _____ BIRTH DATE ___/___/___
mo day year

PARENT/GUARDIAN _____

HOME PHONE _____ BUSINESS PHONE _____

AN ALTERNATE IN CASE OF EMERGENCY _____

PHONE NO. _____

FAMILY DOCTOR _____ PHONE NO. _____

HEALTH CARD NO. _____

Allergies (drug, food etc.) _____

Disabilities/Special Needs

Information and suggestions regarding special needs

Please fax back to Alexa at 345-4520 or email to afares@thunderbay.ca