

**MATACHEWAN "GET FIT" CENTRE**  
**Emergency Information**

NAME: \_\_\_\_\_ HOME#: \_\_\_\_\_ Work #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Family or Personal Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Any allergies to food or drugs? If "yes" please specify what they are: \_\_\_\_\_

Are you taking any prescription drugs? If "yes" please specify what medication: \_\_\_\_\_

Do you wear eye glasses?                      yes\_\_\_                      no\_\_\_

Do you wear braces on your teeth?                      Yes\_\_\_                      no\_\_\_

Do you wear a hearing aid?                      Yes\_\_\_                      no\_\_\_

Do you wear contact lenses?                      Yes\_\_\_                      no\_\_\_

Do you wear a medic alert bracelet? If "Yes" please specify what is written on it: \_\_\_\_\_

Date of last tetanus immunization (if known) \_\_\_\_\_ Blood type: \_\_\_\_\_

Have you had or do you have any of the following? Pertinent dates and details?

Arthritis or rheumatism                      yes    \_\_\_\_\_                      no    \_\_\_\_\_

Asthma                      yes    \_\_\_\_\_                      no    \_\_\_\_\_

Diabetes                      yes    \_\_\_\_\_                      no    \_\_\_\_\_

Dizziness                      yes    \_\_\_\_\_                      no    \_\_\_\_\_

Epilepsy                      yes    \_\_\_\_\_                      no    \_\_\_\_\_

Fainting                      yes    \_\_\_\_\_                      no    \_\_\_\_\_

Heart Trouble                      yes    \_\_\_\_\_                      no    \_\_\_\_\_

Headaches                      yes    \_\_\_\_\_                      no    \_\_\_\_\_

Hernia                      yes    \_\_\_\_\_                      no    \_\_\_\_\_

Specify Others: \_\_\_\_\_

What medications should the participant have on hand during the sport activity? Who should administer it?: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 16): \_\_\_\_\_