

# Teens Encounter Christ, Diocese of Fredericton

## Medical Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_  
DD/ MM/ YY

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

**If under 18**, please fill out the following information:

Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**If over 18**, please give us an emergency contact name and number

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### General Information

Please complete the section below by checking the condition(s) which apply.  
Strict confidence will be kept.

#### 1. Chronic Conditions:

Yes	No	Further Explanation or Treatment
___	___	Allergies _____
___	___	Asthma _____
___	___	Hayfever _____
___	___	Diabetes _____
___	___	Epilepsy _____
___	___	Heart _____
___	___	Sight _____
___	___	Contact lenses _____
___	___	Hearing _____
___	___	Headaches _____
___	___	Hyperactivity _____
___	___	Other (specify) _____

3. Medication Policy is that the team member will hold and administer their own medication.

Will you be on medication during the weekend? Yes \_\_\_\_ No \_\_\_\_

If yes, please specify particulars: medication \_\_\_\_\_

Reason \_\_\_\_\_

Instructions \_\_\_\_\_

2<sup>nd</sup> medication \_\_\_\_\_

reason: \_\_\_\_\_

instructions \_\_\_\_\_

Do you have food allergies or concerns (i.e. vegetarian, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Myself or the parent(s) or guardian(s) of the above-named person, I/we hereby state that the information stated above is correct and true to the best of my/our knowledge. I/we authorize the Members of the CORE Team to administer first aid and to secure such medical advice and services as deemed necessary for the health and safety of the above-named person. I/we further authorize the above-named person to be transported in a private vehicle if necessary to secure such medical assistance.

Signature of Parent(s) or Guardian(s) or Team Member if 18 years or older

\_\_\_\_\_ Date: \_\_\_\_\_